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THE COMMONWEALTH OF MASSACHUSETTS

ANNUAL REPORT

of the

TRUSTEES

of the

Mass. BOSTON STATE HOSPITAL (Insane)

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for the

The Hundredth and Seventeenth Annual Report

of the

Hospital

Founded in 1839 by the City of Boston

(Imprint)

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HOSPITAL POLICY

The Boston State Hospital has as its objectives:

1. The increase in the number of patients discharged to the community, as recovered from mental illness.
2. The reduction of the time spent by each patient in the hospital.
3. The reduction of the incidence of relapse and consequent readmissions.
4. The improvement in comfort and sense of well being of those who must remain in the hospital.
5. The more complete rehabilitation of patients who have had a mental illness so that they may find a secure place in the community.
6. The decrease in the incidence of mental illness in the community, if possible.
7. The creation of a place where all professions interested in mental and emotional problems of people may study human behavior and contribute to the alleviation of human suffering.
8. The discharge of its mission in the most efficient and economical way with an ever present awareness of obligation and service to the people of this Commonwealth.

BOSTON STATE HOSPITAL

(Post Office Address, Boston 24, Mass.)

BOARD OF TRUSTEES

Mr. Myer Israel
Mrs. Bessie D. Kaufman
Francis M. Rackemann, M. D.
Peter DiNatale, M. D.
Mrs. Elaine Dobrowski
Mr. Wilfred Scott
Mr. Harry Schlesinger

Chairman
Secretary

OFFICERS OF THE HOSPITAL

Walter E. Barton, M. D.

Superintendent and
Medical Director

John M. Mackenzie, M. D.

Assistant Superintendent
and Assistant Medical
Director

James Mann, M. D.

Director of Psychiatry

Miss Lillian R. Goodman, R.N., B.S.,
M.S.

Director of Nurses

Mr. Avery W. Cook

Steward and Director of
Business Administration

MEDICAL EXECUTIVE COMMITTEE

J. Edward Flynn, M. D.
Joseph D. Wassersug, M. D.
John M. Mackenzie, M. D.
Samuel Stearns, M. D.
Richard A. Bragdon, M. D.
A. J. A. Campbell, M. D.
Hyman Morrison, M. D.
Walter E. Barton, M. D., Ex-officio
James Mann, M. D., Ex-officio

Chairman
Vice-Chairman
Secretary

HEADS OF HOSPITAL DEPARTMENTS

Mr. Francis Ryan

Mrs. June Johnson, R. N., M. S.
Miss Mary A. Dunleavy, R.N., B.S.
Mrs. Mabel F. McKenzie, R. N.

Miss Dorothea Preston

Miss Elizabeth Eckhoff, M. S.
Miss Marjorie Canada, O.T.R.
Mrs. Viola M. Union

Mr. Michael J. Waldron

Mr. David M. Barrett
Mr. Bernard Leonard
Mr. John F. Moylen
Mr. Joseph Contaldo
Mrs. Helen Logue
Mr. Eric L. McNab

Mrs. Genevieve Stella
Miss Mary E. Forbes
Mrs. Elizabeth Williams
Miss Irene Shiver

Assistant State Hospital
Steward

Assistant Director of Nurses
Assistant Director of Nurses
Assistant Director of Nurses
Institution Treasurer
Assistant Institutional
Treasurer

Head Psychiatric Social Worker
Head Occupational Therapist
Principal Clerk and Secretary
to a Department Head
Institution Chief Power Plant
Engineer

Maintenance Foreman-Working
Storekeeper

Head Industrial Therapist

Head Laundryman

Head Housekeeper

Head - Garage, Grounds and
Farm Departments

Head Seamstress

Dietitian

Assistant Dietitian

Assistant Dietitian

NURSING ADVISORY COMMITTEE

Miss Lillian R. Goodman, R.N., B.S., M.S. Ex-officio
Miss Anna Morang, R. N.
Mrs. June Johnson, R. N., M. S.
Rev. John F. Lawler
Miss Rita Kelleher, R.N.
Mr. Avery W. Cook
Francis M. Rackemann, M. D., Ex-officio
James Mann, M. D.
Mrs. Walter E. Barton, R. N.
Walter E. Barton, M. D., Ex-officio
Miss Margaret Welch
Miss Margaret Tibbetts, R. N.

HOSPITAL CHAPLAINS

Rev. John F. Lawler
Rev. Thomas J. McCabe
Rev. Judson D. Howard
Rabbi Abraham Koolyk

RESIDENT STAFF

Reception Service

John H. Porter, III, M. D.

Senior Psychiatrist in
charge - Female Wards

David Blau, M. D.

Senior Psychiatrist in
charge - Male Wards

West Men's Service

Brooks White, M. D.

Senior Psychiatrist

West Women's Service

Alexander P. Hyde, M. D.

Senior Physician

East Service

Harold G. Wilson, M. D.

Senior Psychiatrist

Medical Service

Douglas Stratton, M. D.

Senior Physician and Chief
of Service

N. Anthony Bicchieri, M. D.

Senior Psychiatrist

Hospital Pathologist

Naomi Raskin, M. D.

Principal Physician

Assistant Physicians

William P. Parker, M. D.

Edwin Davidson, M. D.

Louis V. Sorrentino, M. D.

Roger J. M. Boutin, M. D.

Alfred W. Basamania, M. D.

Sing Tsong Yuen, M. D.

David Rees, M. D.

Jean Liard, M. D.

Paul Phoenix, M. D. (M.L.O.A.)

Zolman Helfand, M. D.

Staff Psychiatrists

William L. McCarthy, M. D.

Frank S. G. Wills, M. D.

Zenos M. Linnell, M. D.

Psychiatric Residents

Jane Price Asnes, M. D.
William M. Bolman, M. D. (M.L.O.A.)
Jonas E. Cohen, M. D.
Max Geller, M. D.
Richard J. Kahn, M. D.
Vincent Lambert, M. D. (M.L.O.A.)
Alan Prager, M. D.
Paul Kaufman, M. D.
James B. Kludt, M. D.
Theodore Sack, M. D.
Myron Stocking, M. D.
Robert Haley, M. D.

VISITING STAFF

Surgical Division

Chief Surgeon
Visiting Surgeon, Senior
Visiting Surgeons

Alexander J.A. Campbell, M. D.
Charles G. Shedd, M. D.
J. Edward Flynn, M. D.
Albert S. Murphy, M. D.
Karl D. Kasparian, M. D.
Eugene Guralnick, M. D.

Assistants to the Visiting Surgeon

Harold I. Miller, M. D.
Stanley Mikal, M. D.

Visiting Surgeon, Senior, Bone and
Joint Disorders and Orthopedic
Disorders
Visiting Surgeon, Orthopedic
Assistant in Orthopedic Surgery
Visiting Surgeon, Senior, Thoracic
Visiting Surgeon, Thoracic
Visiting Surgeon, Thoracic
Visiting Surgeon, Senior, Neuro-
surgery
Assistant in Neurosurgery
Visiting Surgeon, Plastic Surgery
Visiting Surgeon, Senior, G. U.
Visiting Surgeon, G. U.
Assistant Urologist
Visiting Surgeon, Senior,
Ophthalmology
Visiting Surgeon, Ophthalmology
Visiting Surgeon, Otolaryngology
Visiting Surgeon, Otolaryngology

Charles Bradford, M. D.
Richard A. Bragdon, M. D.
John T. Grady, M. D.
Joseph P. Lynch, M. D.
John W. Strieder, M. D.
Irving M. Madoff, M. D.

Milton F. Brougham, M. D.
Albert M. Starr, M. D.
Malvin F. White, M. D.
Max L. Brodny, M. D.
Joseph Fischmann, M. D.
Hyman Hershman, M. D.

Garrett Sullivan, M. D.
Francis J. West, M. D.
Sidney Wilker, M. D.
Charles Kent, M. D.

Medical Division

Chief of Medicine
Visiting Physician, Senior,
Dermatology
Visiting Physician, Dermatology
Visiting Physician, Senior,
Medicine and Allergy
Visiting Physician, Medicine
and Hematology
Visiting Physician, Hematology
Visiting Physician, Medicine
Visiting Physician, Radiology
Visiting Physician, Tuberculosis
Visiting Physician, Physical
Medicine
Visiting Physician
Visiting Physician, Senior,
Endocrinology

Hyman Morrison, M. D.

Francis P. McCarthy, M. D.
Philip McCarthy, M. D.

Francis M. Rackemann, M. D.

William Dameshek, M. D.
William C. Moloney, M. D.
Samuel Stearns, M. D.
Robert H. Hermanson, M. D.
Joseph D. Wassersug, M. D.

Louis Feldman, M. D.
David J. Oppenheim, M. D.

Samuel L. Gargill, M. D.

Psychiatric Division

Chief Psychiatrist and Chief of
Professional Services
Visiting Psychiatrist, Senior
Visiting Psychiatrist
Visiting Psychiatrist
Visiting Neurologist, Senior
Assistant in Psychiatry
Visiting Psychiatrist
Visiting Psychiatrist
Visiting Psychiatrist

James Mann, M. D.
A. Warren Stearns, M. D.
Veronica Tisza, M. D.
Robert Long, M. D.
Wilfred Bloomberg, M. D.
Jacob Swartz, M. D.
Erwin H. Schell, M. D.
Joan Zilbach, M. D.
Stewart Smith, M. D.

Consultant in Clinic Research
Consultant in Research
Consultant in Research
Consultant in Research

Elvin V. Semrad, M. D.
Roy G. Hoskins, M. D.
William B. Castle, M. D.
Ralph R. Notman, M. D.

Dental Division

Visiting Oral Surgeon, Senior
Visiting Oral Surgeon
Visiting Oral Surgeon

Richard Norton, D. M.D.
Daniel J. Holland, D.M.D.
Edward L. Sleeper, D.M.D.

Visiting Anesthetists

Murray Winston, M. D.
Frances E. Evans, M. D.
Irving E. Gilbert, M. D.

Assistants in Anesthesia

Samuel White, M. D.
Joseph Goldman, M. D.
Harvey C. Leckart, M. D.

Visiting Podiatrist

Charles E. Thorner

Assistants in Psychiatry

Arthur Z. Mutter, M. D.
Newman Cohen, M. D.
Henry G. Altman, M. D.

Assistants in Medicine

Elsie W. Brown, M. D.
Leo Hess, M. D.
Edward H. Hommel, M. D.
Harold Wolman, M. D.
Luigi C. Morelli, M. D.

Research Staff

James Mann, M. D.
Leo Alexander, M. D.

Davide Limentani, M. D.
Floyd S. Cornelison, M. D.
Alice Fleming, M. D.
John Arsenian, Ph.D.
Mr. Robert W. Blanchard
Miss Madeline Smith

Director
Director, Neurobiological
Unit
Senior Psychiatrist
Research Associate
Research Associate
Chief Clinical Psychologist
Psychologist
Electroencephalographic
Technician

Research in Rehabilitation

Ralph R. Notman, M. D.
Miss Sophie Glebow
Mr. Nathan Gould
Mr. Paul Rhudick
Harold Zamansky, Ph.D.
Alfred Goldman, Ph.D.

Director
Psychiatric Social Worker
Sociologist
Psychologist
Psychologist
Psychologist

Rehabilitation Advisory Committee

Richard H. Williams, Ph.D.
William Caudill, Ph.D.
Frederick Mosteller, Ph.D.
Ronald Lippitt, Ph.D.
Alfred Stanton, M. D.
Joseph Zubin, Ph.D.
Prof. Talcott Parsons
Austin Berkeley, Ph.D.

National Institute of Mental
Health
Harvard University School
of Social Relations
Harvard University School
of Social Relations
University of Michigan,
Ann Arbor, Michigan
McLean Hospital
New York State Psychiatric
Institute
Harvard University School
of Social Relations
Boston University School of
Psychology

Briggs Clinic

Max Day, M. D.
Louis Geller, M. D.
Mr. Olof Johnson
Mr. Richard Lentschner
Mr. Harold Geddes

Director
Assistant Physician
Principal Psychologist
Social Worker
Social Worker

Dental Department

Joseph P. Fleming, D.M.D.
James J. Burns, D.D.S.
Mrs. Laura Weinrebe

Dentist
Dentist
Dental Hygienist

TO HIS EXCELLENCY THE GOVERNOR AND THE HONORABLE COUNCIL

The Board of Trustees of the Boston State Hospital respectfully present the 117th Annual Report for the year ending June 30, 1957.

Last year we reported nearly 200 fewer admissions than in the previous year. This year a slight increase was noted. There were 100 more admissions, but the number --1565-- was still 200 under the high point in admissions during one year of 1955. There were 328 deaths, 11 more than last year, but 50 fewer than died 10 years ago, and nearly 100 less than the high point 15 years ago. The number of patients in residence in the hospital continues to decline as to average occupancy, as compared with last year, even though there are 20 more patients in residence at the end of the fiscal year. It is significantly less than the high point reached in the year 1951. The number of patients on visit status continues to increase (1304 patients remain on Trial Visit status, an increase of 150 over the previous year). The number discharged outright has also increased over last year. The hospital continues to get more acutely ill patients out recovered and well in less time; and continues to help a considerable number of chronic patients improve to the point where they can leave the hospital.

Medical and Surgical Building

In November, 1956, a new 300-bed medical facility was opened for patient occupancy. Open House Tours served as the dedication procedure. Patients in residence were the first group admitted

to see the new building. Employees were next followed by the general public. Members of the Press had a conducted tour of their own. The new building features on its ground floor, diagnostic and treatment clinics open to all patients of the hospital. There are 8 ward units of 36-beds each. It is now possible to give more personalized care than could be done in the large wards of H Building previously used. The new building provides most adequate operating facilities, new laboratories, fracture room, visiting and group therapy rooms, and many other features designed to provide the best care possible for the physically ill mental patient. About 30% of the patients in residence are on special diets. No facilities for dietary control of medical diseases were available previously. The new building has had its effect on other buildings as well. The excellent provisions for patient comfort and the fine, attractive appearance of the new wards has brought forcibly to our attention the need for remodeling some of our older buildings to more individualized care for patients in smaller groups. Believe it or not the pleasing colors in the new building have led to the formation of a "Color Committee", in order that color harmony may improve the appearance of other Boston State Hospital buildings and facilities. Overcrowding also has been relieved particularly in the H, B, I and J Buildings. The Geriatric Service was able to establish admission wards of 36 beds each on B7 and B8 in the B Building; H1, H2 and H7 were added in the H Building for the care of older men. The second floor of the H Building became available to the "Men's Continued Treatment Service" and H8

was established therein as an intensive treatment use for chronic patients on the Men's Service. The Men's Security Building (I) was able to provide improved care when its census dropped from over 200 to 160. All of these moves were possible when 300-patients were moved into the new hospital building. There are some deficiencies in the new hospital building that we are striving to correct. Among these are connections with city gas mains to provide greater capacity and higher pressure, repair of masonry cracks, plumbing changes particularly in the Dental and Operating Darkrooms, connections for 220 volt power lines, required by Portable X-ray Machine, defects in the ventilating system on the ground floor and locks to provide security in the Hospitality Shop. Some base planting is required to landscape the exterior of said building. We have also requested badly needed additional equipment for the new hospital building.

Renovation of Wards

The following wards have been painted and refurnished during the year: H1, 2, 3, 4, 7, 8 (in the H Building) and B7, 8 and 3 (in the B Building). The operating section in the H Building has been converted to an occupational therapy shop. The old Physical Therapy Department has been converted into a clothing exchange center. The medical clinic rooms have been converted into meeting rooms. The Barber Shop in the H Building Basement has been completely renovated and also the toilet sections in the basement areas.

Extension of Residency Training

In October, 1956 the first Surgical Resident began service in the new Medical Building. Arrangements were made with the Harvard Surgical Service, at the Beth Israel Hospital for fourth year residents to spend six months in the new medical facility under supervision of the Surgical Staff. Not only has this provided a valuable surgical experience for the residents but it has also improved the standards of patient care. We are presently negotiating to develop a similar residency rotation plan under the supervision of the Medical Visiting Staff.

Building Renovations Recommended

The Reception Building needs extensive renovation in order to provide better nursing supervision and facilities for treatment. Individual interviewing and examining rooms, and occupation therapy space should be constructed. A proper nursing station is much needed. Medical records need re-location for direct access to service physicians. Library space has been outgrown, and there is need for a larger classroom. The Administration Building must also be remodeled to provide expansion of the Treasurer's Division. There is need also to provide additional secretarial space and traffic control in the Superintendent's Office. The P Building should be subdivided into six wards. The success in handling more difficult patients in the A Building in smaller groups serves as an incentive to divide the wards in this area as well in half.

James Mann, M. D., Director of Psychiatry, returned from a one year of absence as Professor of Psychiatry at the University Medical School in Jerusalem, on September 7th, 1956.

Two Exchange Visitors received crouses in administrative psychiatry - Dr. Shim Choi of Korea and Miss Alisa Shavitt of Israel.

There were two deaths - Ralph McNary, D.M.D., Dentist, on January 26, 1957, and Mr. Henry Underhill, Florist, on April 15, 1957.

Dr. N. Anthony Bicchieri, Senior Psychiatrist, was scheduled for retirement on April 24th, 1957.

Miss Anna Sizer, Head Dining Room Attendant, retired on March 31st, 1957.

Mrs. Ellen Houde, Institution Treasurer, transferred to the Lemuel Shattuck Hospital on June 23, 1957.

On May 23, 1957, Miss Lillian Goodman, Director of Nurses, was appointed Associate Clinical Professor at Boston University School of Nursing.

Dr. Ralph R. Notman, Director, Pilot Study in Rehabilitation, received a career grant from the National Institute of Mental Health.

Walter E. Barton, M. D., was appointed as a member of the Board of Trustees of the Joint Commission on Mental Health and Illness, was Chairman of the Psychiatric Training Faculty of Massachusetts, Inc., President, New England Society of Psychiatry, Chairman, Committee on Mental Health, Massachusetts Medical Society, and Associate Professor of Psychiatry, Boston University School of Medicine, and Chairman of the Sub-committee on Hospital Administration and member, Advisory Council, Veterans Administration, Washington, D.C.

Community Activities

The Boston State Hospital League held a most successful fund-raising event, and will spend the proceeds to provide an outdoor recreation facility for patients. The Community Friends of the Boston State Hospital have continued their direct service to patients in many ways, and have furnished an attractive lounge for patients in the I Building. The Womens' Auxiliary has served our patients throughout the year in the establishment of Clothing Exchange Centers; in providing facilities for clothing care on the wards; and in contributing money for patients in residence and in Family Care; and in many other helpful ways. In November, a Child Guidance Clinic Association was organized through the active efforts of the Superintendent and Dr. Vaughn, Mr. Hallock, and Miss Winslow of the Division of Mental Hygiene. They held their first meeting on January 16, 1957. Mr. Eli Levatinsky, former Chairman of our Board of Trustees, was selected Chairman of the new organization's Board of Trustees. Said Child Guidance Clinic Association plans to form a committee of community leaders who will be the sponsors of a Child Consultation Clinic Service in the Dorchester area of the City of Boston.

Hospital Grounds

In April and May of 1957 the Department of Public Works re-surfaced our main roads. We are indeed grateful for the marked improvement this had made, and hope that more road re-surfacing will be undertaken in the next year. The need for greater parking facilities has become apparent. Money

has been appropriated for a 20-car area that will be completed on the west side in the near future. To meet the real need this area will eventually have to be greatly increased in size and another separate parking area for at least 20 cars will have to be provided at an early date in the Womens' Service on the east side of Horton Street. We express great concern over the rumors that large portions of our grounds are being studied for possible transfer to other Departments for other purposes. For example, there have been efforts to widen Harvard Street by taking land from our grounds. It is rumored that the Youth Service Board seeks to expand its property, and that the Department of Correction plans to construct a Reception Unit for prisoners on our grounds. A 3000-bed hospital needs much open space for its patients to move about freely. New buildings and developments requiring land are to be expected. An institution over 100 years of age will continue to change. Its land should be protected to enable such change to occur without costly compromises later.

Barrington Appeals

The long overdue reclassification of positions in the state service has been completed. This study, made by the Barrington Associates, has been generally well received. Many employees who appealed action were gratified by decisions in their favor. There have been unavoidable delays, to be sure, in completing all of the re-adjustments recommended by these reclassifications. There are, of course, as may be expected, still some groups who express their dissatisfaction at having received no salary

adjustment commensurate with the increase in the cost of living.

Trustee Changes

In April, 1957, Mrs. Dobrowski was appointed to the Board of Trustees to fill the vacancy left by the untimely death of Mrs. Cecelia F. Logan who had been an outstanding Trustee of the Hospital for many years. Dr. Peter DiNatali was also appointed to fill the expired term of the retiring chairman, Mr. Eli M. Levatinsky. The Board acknowledges with gratitude the many years of long and devoted service to the Boston State Hospital rendered by said Eli M. Levatinsky.

The Trustees acknowledge also with thanks the support of the Department of Mental Health, whose leadership continues to improve the care of those citizens of the City of Boston who develop mental illness. We are finally deeply grateful also to the Legislative and Executive Branches of the Government of this Commonwealth for their sincere and unselfish interest in the problems of the mentally ill.

Respectfully submitted,


Mr. Myer Israel, Chairman

Mrs. Bessie D. Kaufman, Secretary

Francis M. Rackemann, M.D.

Mrs. Elaine Dobrowski

Mr. Harry Schlesinger

Peter DiNatali, M.D.

Mr. Wilfred Scott

THE SUPERINTENDENT'S REPORT

The most significant events of the fiscal year 1957 were the improvements that resulted in better patient treatment. Chief among these were:

The opening of a 300 bed Medical and Surgical Building. The new building supplied many new facilities for treatment. It was possible to care for more patients in small groups. It has been shown that closer contact between therapists and small groups of patients fosters improvement in mental patients. The new staffing pattern provided more positions for nurses, housekeeping personnel, and food service workers. This improved the quality of care.

Increased Staff - There were 16 Residents in psychiatry during the year. With more doctors, more individual and group treatment, as psychotherapy, was possible. As patients moved from H Building in to the new medical wards, overcrowding was relieved in the Geriatric Service and on the Men's Continued Treatment Service. With fewer patients on these wards, the attendants and nurses remaining were able to give more time to their patients and care improved.

Special Treatment Programs - There were many pilot projects designed to explore ways of improved patient management. One of these might be called a study of the effect of increased personnel. When patients reach a convalescent state and can be cared for on an open ward, it is traditional hospital

policy to withdraw staff and allow patients to care for themselves. In one project, 100 patients, who were residents in the S Building, an open ward for women, were divided into ten groups. Each group had a staff member as its group leader. These groups met regularly at least once weekly for an hour throughout the year. With this extended group effort, the number of patients able to leave the hospital from this building and live in the community doubled when compared to the number leaving this building during the previous 12 months.

There were many projects employing various new drug treatments. The tranquilizing drugs have found a secure place in the treatment of anxiety, tension, agitation, etc. A few patients have shown remarkable gains. When these are followed by increased personal attention, chronic patients sometimes can be rehabilitated and returned to the community.

More patients were allowed open ward privileges. More patients worked in the community and returned to sleep in the hospital on the "Night Hospital Plan."

The health of patients has been good. There were two small outbreaks of infectious disorders. In July, 22 cases of bacillary dysentery were contained on one ward through prompt isolation and appropriate medical treatment. In January, 8 cases of dysentery were traced to an employee carrier. There were two suicides during the year, a woman under treatment for chronic alcoholism in Reception Building, and a chronic patient who developed an acute depressive episode in the Q Building.

The hospital wide X-ray survey was made this year through the cooperation of the City of Boston's Health Department. We are deeply appreciative of this service so essential to early diagnosis and isolation of patients with tuberculosis. Early treatment favors remission. Some relief of the pressure on the Laboratory, brought about by the new tranquilizing drugs, was obtained through the employment of a student who worked evenings and week ends. A similar plan is sorely needed to provide coverage in the X-ray Department on evenings and week ends. Students filled many hospital positions this year. The labor market was tight and jobs in the hospital were not easy to fill. Most acute was the shortage of registered nurses. This created a most serious problem for there are more medications than ever before to give, reactions to observe, and more need for trained therapists.

When it was impossible to hire a trained brain wave technician, arrangements were made with with Massachusetts General Hospital to train one of our employees. During this interval, patients requiring testing were sent to the Boston Psychopathic Hospital. We wish to express our appreciation to the Massachusetts General Hospital and to the Boston Psychopathic Hospital for their help in this emergency.

Items of Interest - In November, the first "Robert S. Johnson Memorial Lectureship" was held. This occasion also served as the formal dedication exercise to name the medical building the "Johnson Memorial Building." Dr. Francis Braceland, President of the American Psychiatric Association, delivered an address on "Schizophrenia."

Dr. Leo Alexander, Director of the Neurobiological Research Unit, sponsored an Institute on Treatment. Distinguished visiting lecturers conducted seminars and demonstrations of new treatment techniques for 71 physicians, who came from all parts of the county.

A music therapist was placed in charge of the hospital's radio system for program development.

The Psychiatric Training Faculty moved into quarters in the Administration Building in March.

The hospital entered into an agreement with the Tufts Medical School to provide both second and third year psychiatric resident training, at units of the New England Medical Center.

Teaching in psychiatry and human behavior was given to seminarians, who came for weekly conferences throughout the year, and to the Boston University School of Theology, whose students came one day each week throughout the year.

The hospital was host to the New England Psychiatric Society in April. Dr. Ewald Busse, Professor of Psychiatry at Duke University, was the speaker on the topic of "Research in Geriatrics."

An employee challenged the right of an appointing authority in court to dismiss an employee during the six months' probationary period without substantiated evidence of incompetence.

A court decision upheld the employee. The decision has been appealed for its profound effects on the employer's right to

judge the acceptability of a worker during a trial period before he acquires tenure. We agree that after tenure is acquired evidence that will stand in court-must be presented.

There were several small fires during the year but three were of importance. In July, a deep fat fryer caught fire and caused \$2,300 damage to equipment and facilities in the West Kitchen. A patient tossed a cigarette over a transom setting fire to new furniture still in crates. An unknown arsonist set two fires in the basement of the G Building, causing extensive damage to the electrical system.

Problems for Solution

1. Non payment of Employees-For years employees on the State payroll have had to go without pay, while awaiting approvals from higher echelons, for intervals from a couple of weeks to 3 months. No private business could do this. The State should not. It may be an important factor in the inability to attract and hold personnel. Corrective action should be taken. We would suggest that the appointing authority have the right to appoint and pay an employee in an established block, until such time as a certified applicant reports for duty.

2. Administrative Reorganization.

A. A Director of Psychiatry is needed to serve as Director of Research. The hiring of research personnel, supervision of budgets and expenditures, preparation of protocols, progress reports, and requests for new grants requires a staggering amount of the Superintendent's time. A full time Director is needed to give proper attention to this most important function and to tap the many new sources for research support.

B. Personnel Manager-The hospital has requested, for several years, the appointment of a Personnel Manager. Any industrial organization with over 1,000 employees needs a professional personnel director. The problems are far too complex for department heads to handle properly in addition to other duties.

C. Activities within the Treasurer's Office and the Steward's Office can be combined for greater efficiency. The "Westborough Plan" has shown that when the two departments work together pressure peaks can be leveled, for one department's busy period falls at a different time of the month. There has been a pyramiding of new tasks in the Treasurer's Office. Obsolete payroll procedures increase the burden as the number of employees increases. We plan to attack this problem during the coming year.

D. Registrar needed. We have described elsewhere, in detail, the duties of a Registrar. They would include attention to the patient's financial interests, pensions, veterans benefits, social security disability rights, personal clothing, payment under insurance plans, burial of the dead and many other related tasks. No one presently has the responsibility for these tasks. They are done in part by many individuals.

E. A second secretary is needed, and remodelling of the Administrative Office, to improve traffic control, more rapid communication, and handle administrative details.

3. Patient Care and Management

A. Clothing System-We have established in the Men's Continued Treatment Service a "Clothing Center" and a mending room. More equipment such as lockers, bins, clothing racks and laundry bags are needed to complete the hospital wide installation of a system of individually marked patient clothing. Too long we have been content to have a patient clothed at all. A man may be dressed in gray "prison pants", a blue shirt, white sneakers, an old Army blouse, and a plaid cap-cheap to be sure, but hardly the current style, even in Boston. It is our hope that we can step away from the tradition of "looking like a State hospital patient". Patients should be helped to regain self-esteem. If they wear appropriate and attractive clothing, it helps. Much is still to be done to change employees' attitudes. Overworked attendants have little time for the extra time, it takes to remark a patient's clothing, or for the sorting into individual lockers.

Ward Clothing rooms are poorly equipped and in out-of-the-way places, as beds have taken over space originally intended for this purpose. Efforts will be made to continue employee education until the problem is solved.

B. We are increasingly unhappy with the appearance of poorly furnished wards. An attractive day space, renovated plumbing and re-construction of certain wards is needed. More maintenance personnel could keep buildings painted more often than once in the eight or ten years now possible. They could also raise the repair level. The public is as dissatisfied as we are with the poor appearance of many building areas.

Looking Ahead

1. Research. During the coming year there will be further expansion of our research activities. Most important is a New Home Care Project. Efforts will be made to explore the feasibility of treating certain acute psychotic patients in their homes. A psychiatric emergency team of doctor, social worker and nurse will go to the patient's home in the area of Boston selected for this study.
2. After Care. A new service will extend rehabilitative efforts to patients on convalescent leave. The After Care Clinic will provide individual therapy and more evening group therapy. Drug Treatment will be available to those who require it. The Night Care Plan will be extended. (Patients in this plan work in the community in the daytime and sleep in the hospital at night.) The Day Treatment Plan will also be available. (In this plan, patients may come to the hospital in the daytime for treatment but sleep at home). Efforts will be made to supply transition facilities in carefully selected boarding homes for those who cannot go to their own homes.
3. Rehabilitation. During the coming year we will experiment with a new program of patient employment. Selected patients will be put on the hospital payroll and treated as employees as a conditioning process preparatory to their securing community employment. It is believed that such a trial period of adjustment will assist some who have been confined for long periods of time, to make the transition to the community more easily. During the past year we have experimented with a job training class that has been most successful in preparing women patients for office work assignment. This form of intensive

job training for patients, we hope to extend to the ward service, to housekeeping, to kitchen work, to telephone and elevator operator' positions, and to many other job assignments in the hospital during the coming year. We have requested personnel in our budget for the development of more of "job-readiness training" and a supervisor for this rehabilitation activity. We plan to work closely with the Rehabilitation Commission in the development of these plans. We hope to extend the availability of family care in town and perhaps establish a "Half-Way House" if this proves necessary.

4. Employees' Health Service- For some years the need for a proper Health Service for employees has existed. We have once again requested this item in our budget. New employees, (about 50 a month) must have an initial health examination, including chest x-rays. Those who are food handlers, who work on TB wards, etc., must have regular check-ups. Over 1,000 employees must be rechecked from time to time and x-ray surveys made. Such special health safeguards as polio vaccine, or Type A virus vaccines are to be given. In addition, immediate care of the employee injured on duty or those who become ill is required. A health program should pay off in less absenteeism. The health needs of 1,000 employees are of such magnitude that it cannot be a part time responsibility of overworked psychiatrists. Patients must have first claim to their time.

5. Training of All Charge Attendant Nurses

New drug treatments are now given to hundreds of patients. Medicines must be given by those who recognize their hazards. There are insufficient registered nurses to give drugs to patients. As a consequence, throughout the State hospitals, drugs are administered daily to hundreds of patients by personnel wholly unfamiliar with drugs and their hazards. This is an intolerable situation which must be immediately remedied. It has proven impracticable to attempt to recruit more or train more nurses. It is recommended that all Charge Attendant Nurses be given an on-the-job training course that will qualify them under existing statutes as licensed practical nurses. This is a feasible procedure and can restore safeguards to patient therapy within a relatively few months.

6. Grounds Improvement

The Department of Conservation, at our request, designed a picnic area on our grounds for patients. The skill demonstrated in preparation of this plan opened up to us the vision of properly landscaped buildings and hospital grounds. The assistance of experts will be requested to develop proper landscaping design. Barren areas such as the new D Building, J, A and I, etc. will be landscaped. Hedges will separate out from uncult areas and plantings develop an attractive focus for the attention. Flowering shrubs and flower beds should be so placed that patients in any ward can see them from the windows. Many hundreds of trees have been lost on the grounds during the two hurricanes and from elm disease. Others died from old age. These must be replaced for

the future. It will be many years before the hospital will reap the benefits from the nursery established last year.

7. Housekeeping-The rapid development of the Housekeeping Department at the Boston State Hospital has been unique. Presently, the department operates five units which divide wards and administrative buildings into sections over which the housekeepers exercise supervision. In addition, this department operates the Sewing Room, and the East and West Clothing Exchange Centers and mending rooms. The direction in which the hospital is moving in the development of this department can be seen in the new D Building. A supervising housekeeper centralizes all repair requests and directs a staff of housekeepers and porters. Each ward has assigned to it, a housekeeper who is responsible for the cleaning and adequate supplies of linen and bedding. Offices, corridors, public rooms and stairs are also the responsibility of assigned personnel. The utilization of ward maids not only provides better housekeeping and maintenance but relieves more highly trained personnel for nursing duties. A strong, centralized housekeeping department also provides better employee training and better equipment. It also maintains repairs at a higher level.

Needs

1. Personnel

A. Each year a significant step should be taken toward increasing personnel. The immediate goal is to reach the minimum staffing standard as set forth by the American Psychiatric Association. It is evident that there are situations that will require personnel in excess of these standards. Close interpersonal relationships with patients and small group activities return high rewards in patient improvement and recovery.

B. Pay Raise for Nurses- The critical shortage of nurses continues. All hospitals are competing with one another for them. The Boston hospitals have agreed upon a new standard rate of pay for nurses higher than that the State offers. Unless there is immediate salary adjustment for nurses, we will be able to gain none and will lose those we have to the hospitals who are able to pay more.

C. The additional personnel mentioned in paragraph A above will be required if we are to train all Charge Attendant Nurses to the level of Licensed Practical Nurses in the next 12 months. Many man hours of nursing time, from our most skilled personnel, will be lost, while they are being trained.

2. Adequate Maintenance Appropriation

In the past few years there has been an awareness of the expanding needs for improved patient care in the psychiatric hospitals demonstrated by the legislature. Only in the areas noted below have there been unmet needs that are handicapping program development.

A. Insufficient money for equipment-In a large organization with over 2,800 patients and 1,000 employees, requests for equipment in a year total nearly \$300,000. From this amount, the hospital submits, as its most urgent needs, \$50,000 for its equipment budget. The appropriation made is often only one half of the amount urgently needed.

B. Not Enough Money for Major Repair Projects-Plumbing, utilities, maintenance and similar items are needed to keep old buildings functioning properly. From many thousands of dollars of repair requests, the hospital submits a budget request of \$40,000 of those most urgently needed. Frequently less than one half of these are acknowledged.

C. Adherence to the Five Year Capital Improvement Program-Each year the Division of Building Construction and the Ways and Means Committee reviews the major building projects required by the hospital. These include major building renovations, replacement of obsolescent buildings and new construction projects. The postponement of these projects works a serious handicap on the total treatment program of the hospital. It is hoped each year an orderly step may be taken toward ultimately meeting the needs of our state mental hospitals as was done a few years ago in bringing schools for the mentally retarded up to a satisfactory operating level of efficiency. Some of the major improvements needed are:

(1) A new service building. The hospital has outgrown its kitchens and a more efficient food service is long overdue.

(2) Facilities are needed for occupational therapy and for industrial therapy for both the East and West Group patients. On the East Side, these facilities, formerly housed in the Cafeteria

building, must move to make way for cafeteria remodeling. There has been no replacement of these essential treatment facilities. A new building is required. In the West Group, Occupational and Industrial Therapy activities housed in the old D Building that was torn down to make way for the new medical building. It is proposed when a new service building is constructed that the present cafeteria and kitchen building be remodeled for this purpose.

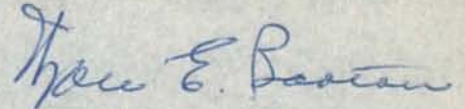
3. Plumbing renovations are most urgently needed in the B and J as well as in other buildings. Many units in B Building are non-functioning and unless immediate action is taken, the floor in the J Building will collapse.

4. The new fire alarm system installed in the D, A and I Buildings should be connected with the city alarm system. Present call boxes create a false sense of security. If one were to pull down the lever, as directed in case of fire, nothing would happen other than the ringing of bells in the building. It would be better if the new box were not there at all for then the telephone would be used to report a fire and call outside help. To function properly, the boxes must be connected to the city fire department.

5. The hospital has outgrown its telephone system. Staff expansion, new treatment units, new activities, require additional telephones. Our present switchboard cannot be expanded. We have requested the installation of an internal dial system with an adequate number of telephone outlets.

We have mentioned our problems and have called attention to our needs for we are striving earnestly to meet the challenge of better patient treatment. We are able to do better than we are doing. We are eager to have the chance to serve our patients so that no one will miss his opportunity to improve.

Respectfully submitted,

A handwritten signature in blue ink, reading "Walter E. Barton". The signature is written in a cursive style with a large initial "W".

Walter E. Barton, M. D.
Superintendent

STATISTICAL DEPARTMENT

The resident census of the hospital on June 30, 1957 was as follows: 1197 men, 1675 women, a total of 2872, as compared with 1200 men and 1654 women a year ago.

There were admitted during the year 784 men and 781 women; a total of 1565 new patients. There were discharged to the community 440 men and 327 women; a total of 767. There were 27 men and 15 women transferred to other institutions. 1304 patients were placed on visit in the community during the year. There were 328 deaths during the year, 165 men and 163 women.

There were remaining on the books of the hospital on June 30, 1957 3293 patients, of which number 2872 were in residence and 421 patients were on visit or otherwise absent.

COMPARATIVE TABLE AT 5 YEAR INTERVALS

<u>YEAR</u>	<u>PTS ON BOOKS(male-female)</u>			<u>PTS IN HOSP.(male-female)</u>		
1957	3293	1334	1959	2872	1197	1675
1952	3618	1586	2032	3041	1336	1705
1947	3271	1374	1897	2901	1237	1664
1942	3027	1355	1672	2549	1162	1387

<u>YEAR</u>	<u>ADMISSIONS(male-female)</u>		
1957	1565	784	781
1952	1415	696	719
1947	1212	561	651
1942	1156	597	559

MOVEMENT OF POPULATION
YEAR ENDING JUNE 30TH, 1957

Patients in Residence, June 30, 1956

<u>Male</u>	<u>Female</u>	<u>Total</u>
1200	1654	2854

<u>ADMISSIONS</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
New admissions during year	784	781	1565
Admitted from visit	280	588	868
Admitted from absence	2101	3182	5283
Admitted from escape	105	90	195
Admitted from AWA	234	187	421
Admitted from Family Care	0	16	16
<u>Total admissions for year</u>	<u>3504</u>	<u>4844</u>	<u>8348</u>

DISMISSALS

Dismissed on visit	425	879	1304
Dismissed on absence	2118	3147	5265
On Escape	111	102	213
On AWA	221	184	405
Died	165	163	328
Discharged Outright	440	327	767
Transferred to other hospitals	27	15	42
Placed in Family Care	0	6	6
<u>Total dismissals for year</u>	<u>3507</u>	<u>4823</u>	<u>8330</u>

<u>DISCHARGED FROM VISIT, ESCAPE AND AWA</u>	<u>210</u>	<u>380</u>	<u>590</u>
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SUMMARY AS OF JUNE 30, 1957

In residence	1197	1675	2872
On visit	96	208	304
On absence	11	5	16
On escape	14	12	26
On AWA	16	18	34
In Family Care	0	41	41
<u>TOTAL ON BOOKS</u>	<u>1334</u>	<u>1959</u>	<u>3293</u>

COMPARISONS

10 years ago

	<u>New Admissions</u>	<u>Deaths</u>	<u>Dis- charges</u>	<u>Trial Visit</u>	<u>In Hospital</u>
1947	1220	382	408	855	2812

5 years ago

1952	1415	381	540	1138	3041
1957	1565	328	767	1304	2872

<u>Increases over last year</u>	72	11	6	138	18
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Changes in past 10 years

345 more admissions but 200 less than high point in 1955

50 fewer deaths than 10 years ago, nearly 100 less than high point 15 years ago

60 more patients in residence but 200 less than high point during 1951.

CHANGE IN BUILDING OCCUPANCY

Opening of D Building - all units except 5th floor and "Employees' Health Unit."

H-1 Male Geriatric Patients. 50 patients from B Building, May 1957.

H-2 Male Geriatric Patients. 50 patients from B Building. April 22, 1957.

B-8 to B-5 15 patients

26 patients received from B-2 and B-6

Remove 15 beds from B Building.

B-8 female receiving ward

H-4 Male Continued Treatment Ward. 50 patients from

I Building 30

H-2 8

H-5, 6, 9 12

50

(March 19, 1957)

J Reduce census by 13 patients to Upper H

I Remove 30 beds

H-7 20 patients from B Building. (January 8, 1957)
Reduce census in B by 20

B-7 Geriatric Admission Ward for men - 25 patients
(January 15, 1957)

ANNUAL REPORT

COMPARISONS AND COMMENTS

Again this year as last we were able to discharge from the books about 10% (162) more patients than we admitted.

The number of active voluntary patients is still on a steady increase.

About 10% (over 300 pts.) of the number of patients on our books are voluntary.

For the 2nd successive year there is a greater movement of population.

This sums up to a heavier work load on statistics.

As near accurate count as possible was kept on 1st admissions and re-admissions. Of the 1,565 new admissions, 31% (485 pts.) were known to be re-admissions. Because of changes in names and other information given at time of admission, probably $2\frac{1}{3}\%$ more are re-admissions.

BRIGGS CLINIC - Max Day, M.D., Director

General

During this past year we have continued our efforts of service to the community in diagnosis, recommendations and treatment for the emotionally ill, and in training the staff from the hospital.

Changes in Clinic personnel

There were three important changes in the Clinic this year.

Dr. Limentani, who had served as director of the Clinic for one year, returned to the hospital to his research position. Dr. Day then came back to the Clinic from his hospital position. There was a change-over of Junior Physicians at the Clinic on November 1, 1956. At that time Dr. Zenos Linnell, who had helped crystalize out the functions of the Junior Physician at the Clinic, was replaced by Dr. Louis Geller, who was very well suited for the responsibilities of the position. Just as important as these changes was the loss of the junior secretary, Miss Walker, in January of 1957. Since then, the Clinic has had to limp along as far as record-keeping is concerned.

Personnel from the hospital

The list of physicians from the hospital who have worked at the Clinic during the year includes:

John H. Porter, M.D.
Harold G. Wilson, M.D.
Brooks White, M.D.
Frank G. Wills, M.D.
Zenos Linnell, M.D.
Davida Rees, M.D.
William McCarthy, M.D.
Louis Sorrentino, M.D.
Jean Liard, M.D.
Edwin Davidson, M.D.
Alex P. Hyde, M.D.

In addition we have had the help of the following physicians from the community, some of whom had been connected with the Hospital:

Ralph Notman, M.D.
Irwin Haskell Schell, M.D.
Donald Montgomery, M.D., from Foxboro State Hospital

From within the hospital itself we have had the help of Miss Phyllis Fishman in supplying us with time for certain patients.

Students

During this year we had only one part-time social work student, Miss Herminia Lualhati, from Simmons College. Miss Lualhati wrote her thesis on "The Intake Process at Briggs Clinic".

Clinic Problems

The problems of the Clinic are chronic ones and have been detailed in past years. A very prominent one is the setting in which the Clinic must function. We are limited as to amount of living space, rigidity regarding the time when this space can be used, and paucity in the amount of talent we have available to deal with our workload. The most gratifying part of the whole situation is the gradual increase in the amount of supervisory time available to the full- and part-time workers at the Clinic. This part of the program should be expanded even more.

Conclusion

The past year has been a pleasant one. It was evident that the group therapy program had been greatly strengthened during the preceding year by Dr. Limentani. The staff was well integrated and highly interested in their work, so that they continued to function well despite the recent many changes.

STATISTICS

For Fiscal Year July 1, 1956 to June 30, 1957

Requests for Intake.....	302
New admissions.....	121
Re-admissions.....	40
<u>Total Admissions.....</u>	<u>161</u>

PATIENTS TERMINATED.....156

<u>After Diagnosis & Treatment.....</u>	<u>72</u>
Terminated by patient, improved.....	18
Terminated by patient, unimproved.....	35
Terminated by clinic, improved.....	17
Terminated by clinic, unimproved.....	4
 <u>After Diagnosis.....</u>	 <u>70</u>
Treatment refused by patient.....	35
Refused for treatment by clinic.....	35
Ineligible (I age, I income).....	2
Other reasons (referred elsewhere.....	32
and no therapy advised I)	
<u>After Other Services Only.....</u>	<u>11</u>

Total Cases Under Treatment.....196

CLINIC ACTIVITIES

Intake Interviews.....	143
Evaluation Interviews.....	167
Person Interviews, individual.....	2657
" group.....	1445
Number of groups.....	10
Number of group psychotherapy sessions.....	396
Interviews, Others.....	35
Number of patients tested psychologically... ..	41
Psychological test hours.....	75
Total number of tests.....	127

OTHER CLINIC ACTIVITIES

Supervision of Individual therapy hours.....	493½
Supervision of Group therapy hours.....	45
Staff-meeting hours.....	137
S.S. Supervision of S.S. Student hours.....	86
Community service hours.....	20

Total Received in Fees.....\$2,543.40

PROFESSIONAL CARE DIVISION

John M. Mackenzie, M. D., Assistant Superintendent
and
Assistant Medical Director

Personnel Department is composed this year of 1 Senior Clerk and Typist and 1 Junior Clerk and Typist. A position of Personnel Manager is urgently needed to handle complex problems, etc.

Permanent Quota as of July 1st, 1957 - 1094

<u>Services</u>	<u>Quota</u>	<u>Vacancies, 6/30/57</u>
Medical	29	1
Ward - Male	281	22
Ward - Female	348	15
Administration	99	9
Industrial and Education	31	2
Kitchen and Dining Room	123	1
Domestic	107	0
Engineering	27	0
Repairs	23	1
Garage and Grounds	26	0
Total Quota	1094	
Total Vacancies	51	
Total Permanent positions filled	1043	

Out of this total number of vacancies, 13 were Civil Service positions, 24 Head Nurses and 1 Hospital Supervisor, Graduate Nurse, for which special training and examinations are necessary.

<u>Month</u>	<u>Employees Began Service</u>	<u>Employees changed positions</u>	<u>Resigned</u>	<u>Transferred</u>	<u>Retired</u>	<u>Deaths</u>
July, 1956	26	7	39	3	0	0
August, 1956	42	21	21	0	2	0
September, 1956	60	16	76	1	0	0
October, 1956	51	7	24	1	1	0
November, 1956	64	4	27	1	0	0
December, 1956	40	16	17	0	0	0
January, 1957	31	4	27	0	0	0
February, 1957	32	6	24	1	1	1
March, 1957	40	17	21	3	2	0
April, 1957	34	12	31	0	1	1
May, 1957	26	14	19	1	0	0
June, 1957	97	37	29	1	0	0

Total employees began service	543
Total employees changed service	161

Total employees resigned	355
" " transferred	12
" " retired	7
" " died	2

Number of applications placed for fiscal year ending June 30th, 1957

Male - 652 Female - 537 Total - 1189

Medical Records Department - Viola M. Union, Principal Clerk

This department continues to function as an important part of the hospital. There are 18 stenographers and typists assigned to this department. Reception Building Record Office opens case records on newly admitted patients, (1,565 for the period July 1, 1956 through June 30, 1957), notifies relatives of patients admitted, sends orientation letters to new patients, makes out locator cards for hospital files, and makes copies of all commitment papers, (papers on admission as well as any later changes in legal status) to be sent to the Department of Mental Health. Subsequent progress notes on patients, visit and discharge notes, laboratory and X-ray reports, consultants' reports, psychological examinations and clinical histories are typed for the records. A veterans' register is kept on all veterans admitted to the hospital and reports sent to the Veterans Administration, hospital census sheets are typed for distribution to various departments and offices, correspondence regarding patients is answered, abstracts are sent to other hospitals, reports on court cases are sent to the courts, and records when completed are sent to other Massachusetts State Hospitals when patients are transferred. All of the statistical reports regarding admissions, visits, and discharges are also compiled in this department.

With the opening of the D Building in November, a Senior Clerk and Stenographer and a Junior Clerk and Typist were assigned.

The addition of a photostatic copying machine to the Record Office in Reception Building will be of great assistance in

the copying of commitment papers.

Every effort is made to open case records promptly so that information will be available to the physicians in their treatment of the patients.

An additional stenographer was added to the Geriatric Service as a loan from the Reception Building Record Office.

<u>Excess Quota</u> - 23	<u>Quota</u>	<u>Vacancies, 6/30/57</u>
Ward - Female	3	0
Administration	4	0
Kitchen & Dining Room	16	1
 Total Quota	 23	
Total Vacancies	1	
Total filled	22	

Miss Gina M. Crugnola, Senior Clerk and Typist, is in charge of the Personnel Office.

Pharmacy - Mr. Joseph Siciliano, Pharmacist

This department is now located on the ground floor of the Medical and Surgical Building.

The work of his department has steadily increased with the opening of the new building and the expanding use of chemotherapy.

Another full time Pharmacist, who was sorely needed for our expanding activities, has been appointed this year.

Drugs are shipped to outlying units in locked drug boxes.

Drug research investigations are still continuing. It was possible to keep all items in stock during the year.

X-Ray Department - Mrs. Lillian Mackall, X-Ray Technician in charge.

The X-Ray Department moved into the new Medical and Surgical Building in July, 1956. The new department consists of one Radiographic room, an office, waiting room, and a dark room.

The X-ray machine was moved from the old department and a portable machine was received.

There are two technicians on duty six days a week, two consultants three times a week. No new personnel has been added. In order for this department to function efficiently, it is felt that personnel should be increased.

Patients - X-Ray plates	4,101
Radiologist's visits	104
T. B. Consultant's visits	41

Total number of films taken, including dental

7781

Types of films taken:

Chest	2,845
Extremities	528
Pelvis	33
Ribs	35
Hips	154
Shoulders	68
Nose	25
Facial Bones	6
Sinuses	3
Skull	163
Mandibles	21
Lumbar Spine	86
Dorsal Spine	54
Cervical Spine	20
Sacrum and Coccyx	4
Barium Enemas	39
G. I. Series	55
Gall bladder	17
IVP	35
Metastatic Series	15
Cholangiogram	1
Hip Nailings	3
Abdomen	111
Chest Fluoroscopy	5
Barium Swallow	7
Cystogram	1
Mastoids	3
Tempor-Mandible	1
Portable Hips	3
Portable Chest	6
Clavicle	7
Scapula	3

Physical Therapy Department - Margaret Swallow, P. T. incharge

This department, quartered in its new unit in the Medical and Surgical Building since November 2, 1957, now has enlarged facilities and extensive equipment for the treatment of patients.

Dr. Louis Feldman, the consultant in Physical Medicine and Rehabilitation, held 50 clinics, seeing 201 patients. All patients referred to the department are seen by him and all treatments are assigned and followed up by him. There are now three Physical Therapists in the department. The third, an Orthopedic Physical Therapist, joined the department on May 20, 1957. This therapist is doing group exercise therapy on the chronic and Geriatric services.

86 patients were given a total of 5,396 different treatments. The diagnoses have run from the most simple strains through the more difficult, such as triple Arthrodesis and hip Arthroplasty. Our patients have been treated with modalities such as radiant heat, short wave diathermy, ultra-sound, ultra-violet, whirlpool baths, exercises, parallel bars and many others.

Orthopedic clinics were held until the middle of September when they were turned over to the Clinics. There were 2 clinics held by Dr. Richard Bragdon, seeing 19 patients. Mrs. Swallow applied 4 hip tractions under his direction.

Mrs. Swallow was asked to cover the electroencephalographic, electrocardiographic and basal metabolism service during the

regular technician's vacation in July, 1956, and upon his resignation covered the service until April 8, 1957, when Mrs. Madeleine Smith, R. N. took over. During June she again covered the service for vacation period. During this time, 341 electrocardiographs were taken and mounted. The electroencephalographs had to be done at the Massachusetts General Hospital and the Massachusetts Mental Health Center, so arrangements were made to have the patients transported back and forth. 40 patients were done in this manner. 1 Basal Metabolism test was done in this period on the new machine. Mrs. Swallow supervised the moving of the equipment for this unit to the Medical and Surgical Building in late January, and in October supervised the chest X-ray survey. During the six days that the truck was here, it was moved to five different buildings. 2,393 patients and 414 employees for a total of 2,807 X-rays were done during this period.

SUMMARY

Number of individual patients	72
Number of different diagnoses treated	41
Total number of diagnoses treated	73
Total number of treatments given	5392
Number of employees treated	14

Physical Therapy Department

<u>Diagnosis</u>	<u>Number of patients</u>
Acne Vulgaris	2
Amputation - mid-thigh	1
Arthritis	6
Arthrodesis - triple	1
Bursitis	4
Catatonia	1
Contractures	2
Contusions	1
Decubitus	2
Dermatitis	5
Dislocation - shoulder	2
Dupuytren's Contractures	2
Fractures - arm	1
carpal	1
clavicle	1
Colles	1
femur	1
hip - nailed	8
prosthesis	1
knee	1
humerus	2
multiple	1
tibia	3
ulna	1
Hemiplegia	5
Lacerated Tendon	1
Multiple Sclerosis	2
Muscular Dystrophy	1
Myositis	1
Parkinson's	2
Pityriasis Rosea	1
Poliomyelitis	2
Psoriasis	3
Radial Nerve Palsy	2
Scoliosis	1
Sprain - ankle	1
Strain - lumbar	9
shoulder	1
Torticollis Spasmodia	1
Ulcers - necrotic	1
Miscellaneous	1
Total	86

Types of Treatments GivenNumber of treat-
ments given

Ambulation	251
Bicycle	38
Dressings	54
Exercises	1,388
Finger Ladder	15
Foot Inversion Tread	1
Kanavek Table	15
Massage	1,210
Paraffin Bath	2
Parallel Bars	113
Pulley Weights	11
Radiant Heat	976
Rowing Machine	8
Short Wave Diathermy	67
Shoulder Ladder	41
Shoulder Wheel	127
Stall Bars	34
Untrasound	45
Ultraviolet	139
Vibrator	12
Walkers	547
Whirlpool Bath	272
Wrist Circumductor	13
Wrist Roll	13

Total

5,392

Medical Library - Miss Miriam Putlack, Librarian

Total Circulation	882
Total number of bound volumes	4,425
Number of volumes bound	60
New accessions	72
Number of Personnel using Library:	243
Doctors	34
Nurses	21
Others	188
Number of books lost	3
Number of Journals lost	2

Librarian's Activities

1. Cataloguing and Classification of New Accessions.
2. Cataloguing of Reprint Collection.
3. Operation of Inter-Library Loan.
4. Operation of Inter-Library Exchange.
5. Reading and Abstracting Current Periodical Literature.
6. Selecting books for purchase and presenting these selections to the Medical Library Committee for review.
7. Research Projects:
 - a. The Relationship Between Leader and Recorder in Group Therapy: Its use in learning and doing Group Therapy. (With Drs. Max Day and Davide Limentani.)
 - b. The Nature of Didactic Group Therapy. (with Drs. J. Mann, J. Mackenzie, J. Arsenian, M. Day and D. Limentani.)
8. Bibliographic and Reference Work. The requests for these services has continued to increase along with the increase in hospital staff and its varied interests. Also agencies and professional individuals in the community are calling on us more and more for reference services. There have

been a number of occasions during the past year when these activities had become so time consuming that routine work had to be seriously delayed. Since there seems to be no decline in requests for research services it would seem justifiable to consider a clerical assistant who could do the non-professional work plus take charge of the Patients' Library.

9. Supervision of Patients' Library in Reception Building.

This library has been functioning only part time this past year due to lack of personnel. When possible, a patient has been in charge of the library and giving service to those who have building privileges. However, because of the lack of professional personnel, we are still unable to bring reading material to those patients who are not able to leave their wards unsupervised. An adequate and attractive room is still needed for the library, which at present is in a small room.

Laboratory - Naomi Raskin, M. D., Pathologist and Director of
Myerson Laboratory

In the past year the scope of the laboratory work has been considerably increased by the addition of a new chemical laboratory and the establishment of the Bacteriological Department. The work previously done by the State Laboratory is now carried on by our own bacteriologist.

The purchase of a Flame Photometer makes it possible to do estimations of blood electrolytes and the replacement of the old worn-out Van Slyke machine by the latest model, makes it possible to do CO₂ estimations again.

The frozen section laboratory is in frequent use to the great satisfactions of the surgeons and the pathologist.

A few months ago there was unforeseen loss of two technicians whom we found it difficult to replace due to the general shortage of trained laboratory technicians, but recently these vacancies have been filled and a bacteriologist engaged, so that the laboratory staff at present is complete.

Having a large Geriatric population and a well equipped laboratory gives us an unsurpassed opportunity to carry on our research studies and we are now ready to resume our interrupted studies of general and cerebral arteriosclerosis. In this connection we are again requesting a research chemist for biochemical studies. The protocol of this research work is ready for approval.

The public should know and find comfort in the thought that our patients receive the best modern treatment for both mental

and physical conditions. In this respect the laboratory is doing its part:

1. By typing and cross-matching blood for blood - transfusions.
2. By studying the blood of the patients who are getting new tranquilizing drugs to safeguard them against allergic and other complications.
3. By studying blood for diagnostic purposes, i.e., in diabetes, anemias, nephritis, leukemias, etc.
4. By studying tissues removed at operations for diagnosis and prognosis.
5. By carrying on the research in mental diseases, especially of arteriosclerotic and senile patients.

Number of deaths - Male 163. Female 165. Total
 Number of autopsies
 Percentage of autopsies

328
 122
 37.2

<u>Ages</u>	<u>Male</u>	<u>Female</u>
30 - 39	6	3
40 - 49	4	10
50 - 59	13	15
60 - 69	38	25
70 - 79	61	50
80 - 89	37	59
90 -	4	3

<u>Causes of death</u>	<u>Male</u>	<u>Female</u>
Coronary Occlusion	38	22
Arteriosclerotic heart disease	18	15
Arteriosclerotic heart disease and bronchopneumonia	21	19
Cerebral arteriosclerosis	12	11
Fractures	6	16
Pulmonary tuberculosis	7	5
Diabetes	6	6
Carcinoma	9	4
Cerebral hemorrhage	3	6
Cerebral thrombosis	11	10
Subdural hemorrhage	2	1
Brain tumors:		
meningioma	1	3
glioma	1	-
acoustic neuroma	1	-
Bronchopneumonia	12	19
Uremia	3	4
Rheumatic heart disease	-	3
Gastric ulcer	1	2
Duodenal ulcer	-	3 (1 after EST)
Post electric shock death	-	1
Alzheimer's disease	-	1
Agranulocytosis	-	1
Lobar pneumonia	1	1
Epilepsy, grand mal	2	
Cirrhosis of the liver	2	
Ruptured esophageal veins due to cirrhosis of the liver	1	
Carbon monoxide poisoning	1	
General dermatitis following drug intoxication, cortisone	1	
Ludwig angina		1
Strangulated femoral hernia		1
Parotitis and septicemia		2
Pulmonary abscess		1
Korsakov's psychosis, pulmonary edema, general arteriosclerosis	1	

	<u>Male</u>	<u>Female</u>
Parotid abscess, postoperative		1
Cardiac tamponade		1
Abscess of the brain, purulent frontal sinusitis		1
Bilateral empyema	1	
Acute hepatitis	1	
Pernicious anemia		1
Hypertensive heart disease and pulmonary edema		1
Organized clot in abdominal aorta extending into left iliac artery		1
Bronchopneumonia, cerebral atrophy, congenital absence of right kidney		1

<u>Laboratory Tests Performed</u>	<u>1957</u>	<u>1956</u>	<u>1955</u>
Hematology	17,498	15,240	12,201
Blood Chemistry	3,712	2,026	3,108
Histology	4,011	3,152	4,185
Bacteriology	344	53	37
Other Tests	<u>2,925</u>	<u>3,180</u>	<u>3,184</u>
<u>Total tests</u>	<u>28,490</u>	<u>23,651</u>	<u>22,715</u>

E. E. G. Laboratory - Mrs. Madeline L. Smith, R.N.

Arrangements were made with Dr. Robert S. Schwab, Neurologist and Director of the Brain Wave Laboratory of the Massachusetts General Hospital for the training of Mrs. Smith in Electroencephalography there and since February of 1957, she attended laboratory instructions every afternoon. Mrs. Smith also attended the Metabolism Laboratory of Beth Israel Hospital to learn the metabolism tests and electrocardiograms.

On April 8, 1957, Mrs. Smith returned to the hospital to work in the mornings to do the electrocardiograms and the metabolism tests, giving priority to the electrocardiograms.

Electrocardiographic tests	162
Electroencephalograms (Massachusetts Mental Health Center)	9

OCCUPATIONAL THERAPY PROGRAM

On the whole, the year 1956-57 has been one of progress for the Occupational Therapy Department.

The further development and expanding of our services to the patients was achieved despite the very great problem of procuring supplies. Requisitions were repeatedly sent in, only to have no results. This resulted in loss of time in constantly re-ordering and in a general feeling of frustration from all the members of this department. We hope for improvement in this situation during the coming year.

Following are the major changes made in this department during 1956-57: (see unit reports for further details.)

1. An entirely new O.T. unit was opened in the New Medical & Surgical Building in December, 1956. Two full-time therapists handle this program.
2. The old H-O.T., located in the H-Bldg. basement moved to the old O.R. suite in H. This better lighted and cleaner area greatly improved the setting of this unit. This provides space for Music Therapy also.
3. O.T. Program was established in the G-Bldg. in January, 1957 for the first time in the history of the hospital.
One O.T. Assistant handles this program.
Basement area was assigned for O.T.
4. O.T. Program was established in H-Bldg. for the first time, One therapist has charge of this area.
5. The old B-Male O.T. Unit moved up to a much better and larger room in B-5. One O.T. Assistant has been added, thus increasing the O.T. program for male geriatric patients.

OCCUPATIONAL THERAPY DEPARTMENT

Personnel:

Six Occupational Therapists began employment during the year as did six Occupational Therapist Assistants and two Recreational Therapists. One Attendant Nurse was assigned to the department for summer employment.

Four Occupational Therapists, five Occupational Therapist Assistants and two Recreational Therapists terminated employment.

of 23 applicants interviewed, 15 were hired.

<u>Employments</u>	<u>Position</u>	<u>Date</u>
Gloria Woodbury	O.T.	July 2, 1956
Ann Carp	O.T.	July 9, 1956
Gail Barton	O.T.A.	July 15, 1956
Margaret Alden	O.T.	Aug. 27, 1956
Ann Lehman	O.T.	Sept. 24, 1956
Dorothy Latham	O.T.A.	Nov. 20, 1956
Nancy Whenman	O.T.	Nov. 26, 1956
Ellen Carp	R.T.	Dec. 17, 1956
David Cohen	O.T.A.	Dec. 20, 1956
Gertrude Mishara	O.T.A.	Jan. 8, 1957
John Di Pirro	O.T.A.	Mar. 19, 1957
Dorothea Schmitt	O.T.A.	May 13, 1957
Judith Powell	O.T.	May 29, 1957
Gail Barton	A.N.	June 5, 1957
Robert Cassidy	R.T.	June 18, 1957

<u>Terminations</u>	<u>Position</u>	<u>Date</u>
Patricia Robertson	O.T.	July 21, 1956
Gertrude Berkowitz	O.T.A.	July 21, 1956
Gail Barton	O.T.A.	Sept. 7, 1956
Robert Cassidy	R.T.	Sept. 7, 1956
David Cohen	O.T.A.	Sept. 12, 1956
Mary Wilson	O.T.	Oct. 5, 1956
Ellen Carp	R.T.	Dec. 28, 1956
David Cohen	O.T.A.	Jan. 3, 1957
Gertrude Mishara	O.T.A.	Mar. 8, 1957
Janet Sproul	O.T.	May 24, 1957
Judith Powell	O.T.	June 28, 1957

I Teaching of Staff Members

This past year the O.T. Department gave one presentation at teaching staff. This was a panel discussion led by Mrs. Sproul and Mrs. Kell on "Problems in Industrial Placement".

The Department participated in the teaching program for resident psychiatrists, medical students, student nurses, graduate nurses, attendant nurses, social service students, clinical pastoral students and music therapy students.

One student from Tufts College worked as a volunteer in our department in order to gain experience and material for a paper towards his degree in sociology.

II Other Teaching and Training

Miss Canada continued to serve on a committee to plan a training program for Occupational Therapist Assistants in Massachusetts. This committee was headed by Miss Crampton, Supervisor of Occupational Therapy, Department of Mental Health,

Miss Canada gave a one hour lecture at the Boston School of Occupational Therapy on "The Use of the Self as a Tool in Treatment".

Miss Canada also presented material for discussion on the occupational therapy students' affiliation program of this hospital. This material was presented at the Annual Clinical Directors' Meeting at the Boston School of Occupational Therapy.

Weekly meetings of the Occupational Therapy Department continued to be held throughout the year under the leadership of the head therapist.

The entire department attended and participated in the

Psychiatric Occupational Therapy Institute held at Westboro State Hospital during October and November, 1956.

The entire department met with Miss Crampton and Dr. Day for a two hour discussion of the special A.O.T.A. Psychiatric Conference held during November, 1956.

A series of special meetings were held with Dr. Arsenian, Head Psychologist, to discuss specific art work and creative productions of patients in occupational therapy. These meetings were held on a rotation basis for the various O.T. groups located throughout the hospital.

The head therapist held special meetings with the Occupational Therapists and Occupational Therapist Assistants to review material pertinent to the Civil Service Examinations held, in March, 1957 for these positions.

Occupational Therapy Personnel and students again participated in the summer staff meetings held for social service, chaplains and occupational therapy department during July and August, 1956.

OCCUPATIONAL THERAPY REPORT BY UNITS

1956 - 57

<u>Unit</u>	<u>Groups Treated</u>	<u>Changes + Achievements</u>
1. Reception O.T. Clinic	2 groups daily All Reception Wards (acute)	Increase in personnel-- 1 O.T. Assistant added Increase of patients treated. More activity on wards. O.T. patient aides added.
2. H-O.T. Clinic	2 groups daily H + J Bldgs. cont'd-treatment	Present therapist took over Sept., 1956. New improved area -- now located in 3rd floor of H-Bldg. New group added. Spec. gardening project.
3. S-O.T. Clinic	2 groups daily S,L,M-Bldg.	Change in personnel. Group had to be discont'd but was resumed in Mar.'57. Ceramics now available with addition of kiln. Weekly meetings with Drs., Soc. Service, Industrial Personnel. T.V. console rec'd as donation. Treadle sewing machine on loan from Clothing Dept.

<u>Unit</u>	<u>Groups Treated</u>	<u>Changes + Achievements</u>
4. O-Bldg. Ward Program	1 group daily O-Ward cont'd-treatment	Increase in pts. treated: group now has access to a room off the ward. More cooperation from ward personnel. Patients are now taken on library visits.
5. I-O.T. Clinic	2 groups daily I, J, H cont'd-treatment	New lighting + wiring system. Increase in recreational program. Special Co-ed group with patients from A-Bldg. Weekly meetings with Dr. and other personnel. Student nurses added to im- plement program.
6. D-Med + Surg O.T. Clinic	2 groups daily All med + Surg. Wards	Moved to new location Dec. '57. Two new therapists. Entirely new unit + equipment. Store room for all O.T. supplies. Groups had to be organized and added. Games supplied to wards. Weekly meeting with visiting physiatrist and P.T. Staff to co-ordinate functional program.

<u>Unit</u>	<u>Groups Treated</u>	<u>Changes + Achievements</u>
7. R-Bldg. O.T. Unit	2 groups daily L,M,P,Q,R,S, cont'd-treatment	Weekly meeting with Drs., Soc. Service, O.T. + Industrial Personnel. Evaluation staff attended. Re-decoration of unit done by therapist-patient planning. Extra group added this past year.
8. B-Bldg. O.T. Female	2 groups daily B-geriatric female patients	Additional space obtained. Lighting improved somewhat. Bulletin boards installed. One O.T. group now drawn from B-Admission ward. Weekly meeting with chief of service. Ward meetings have improved teamwork greatly. Therapist attends Reception Disposition Staff when pts. known + worked with are being presented. Many shifts and changes in this program this past year.
9. B-Bldg. O.T. Male	2 groups daily B-geriatric male patients	O.T. Assistant added to personnel. 1 pt. group added. Furniture added. New location -- moved from basement to B-5. Increase of pts. treated from B-admission ward. Weekly meetings with chief of service, ward meetings. More recreation added to program.

<u>Unit</u>	<u>Groups Treated</u>	<u>Changes + Achievements</u>
10. L-O.T. Clinic	2 groups daily L,M,S-Bldg. cont'd-treatment	Two different groups are nos being treated; Once per day, each group. Spec. group comes from L-2. Meetings with Soc. Service, O.T., Drs. Industrial Personnel.
11. East O.T. Clinic	2 groups daily	Change of personnel necessitated dropping I group of patients. More pt. O.T. aides added. Weekly service meetings attended. Supervised volunteer program.
12. A-I Ward Program	1 group daily from A-I Ward cont'd-treatment	Supply locker, sewing machine, ironing board + electric iron added to equipment. Changes in ward to more acute area necessitated change in types of activities offered by O.T. Attend doctors' ward meeting, A-Bldg. personnel meeting, O.T. conference with doctor.
13. West O.T. Clinic	2 groups H,I,J,K,F-Bldgs.	J-Bldg. has been included in regular weekly O.T. schedule. Meetings with ward personnel, Drs. on service. Printing supplies added.

<u>Unit</u>	<u>Groups Treated</u>	<u>Changes + Achievements</u>
14. A-Bldg. O.T. Unit	2 groups daily A-2,3,4,5,6 cont'd-treatment	Improved lighting. Personnel meetings very satisfactory. Change in types of patients treated. Co-ed group held with I-O.T.
15. N-Bldg. O.T. Program	1 group daily N-I and 2 cont'd-treatment	New program-- 1 new therapist. Program has been well established. O.T. activities and games are offered. Good cooperation from ward personnel. Weekly meeting with Soc. Serv., Dr., O.T. + Industrial employees.
16. G-Bldg. O.T. Program	2 groups daily G-Bldg. open + closed wards (T.B. patients)	This is the first time the O.T. Dept. has established a program for G-Bldg. One O.T. Assistant handles this program for T.B. patients. Basement of G-Bldg. is used for O.T. Good contact between O.T. and Dr. Program has been well established.

Boston State Hospital
OCCUPATIONAL THERAPY DEPARTMENT
ANNUAL STATISTICAL REPORT
JULY 1, 1956 - JUNE 30, 1957

Patient Hours of Treatment:

O.T. Program	108,340
Industrial Placement	466,627.5
Recreational Therapy	15,379
Special Activities	19,955
Music Therapy	<u>3,482.5</u>
<u>Total</u>	613,784

OCCUPATIONAL THERAPY DEPARTMENT

ANNUAL STATISTICAL REPORT

JULY 1, 1956 - JUNE 30, 1957

<u>Total patients treated:</u>	<u>3,090</u>
O.T. Units	1,829
Female Industrial	517
Male "	462
Music Therapy	126
Recreational Therapy	156
<u>Total patient-attendance for special activities:</u>	<u>9,399</u>
<u>Total patients who left the hospital:</u>	<u>464</u>
By Trial Visit	214
Discharged	135
Trans. to other institutions	10
Died	14
Extended Visit	91
<u>Total patients dropped:</u>	<u>743</u>
Trans. to other than O.T. Wards	203
Uncooperative or disturbed	49
Escaped	33
A.W.A.	70
Physically incapable	37
Discontinued	351

Intra-departmental transfers: 669

Trans. from O.T. to Industry	127
Trans. to other O.T. Units	264
Working outside hospital	33
Picked up from other O.T. Units	226
Trans. from Industry to O.T.	18
Attending school	1

Total patients carried over at end of year: 1,131

O.T. Units	451
Female Industrial	266
Male Industrial	264
Music Therapy	65
Recreational Therapy	85

OCCUPATIONAL THERAPY
ANNUAL REPORT
JULY 1, 1956 - JUNE 30, 1957

<u>LOCATION</u>	<u>Total no. Patients treated</u>	<u>No. patients dropped</u>	<u>No. patients added</u>	<u>No. pts. at end of yr.</u>	<u>No. groups per day</u>	<u>av. no. pts. per group</u>	<u>Total pt. hours</u>	<u>Therapist</u>
Reception	521	450	464	59	2	24	20015	G. Finn B. Wiley M. Wiseman D. Schmitt
H- Clinic	45	25	22	24	2	10	5103	N. Alden J. Sproul (July-Sept) N. Whenman (Mar-June)
S-Clinic A.M.	53	40	35	16	1	10	2234	L. Maniatty
S-Clinic P.M.	59	39	37	17	1	18	4132	L. Maniatty
O-Building	39	19	20	21	1	20	6564	L. Maniatty
I-Clinic	36	16	11	13	2	11	3723.5	L. Choate
D-Medical + Surgical	264	224	169	18	2	12	6627	A. Carp L. Lehman
R-O.T. Unit	52	39	38	20	2	9	4075	G. Woodbury
B-Female	135	103	99	20	2	12	7172	M. Sutermeister S. Woodhead
B-Male A.M.	79	62	41	30	1	18	4841	J. DiPirro
L-Clinic	140	83	103	51	2	25	13013	G. Foster
East Clinic	61	66	38	26	2	11	5285.5	J. Driscoll
A-I Ward	56	47	26	10	1	19	3643.5	S. Woodhead
West Clinic	66	33	25	22	2	15	8848	R. MacLean

OCCUPATIONAL THERAPY
ANNUAL REPORT
JULY 1, 1956-JUNE 30, 1957

<u>LOCATION</u>	<u>Total no. patients treated</u>	<u>No. patients dropped</u>	<u>No. patients added</u>	<u>No.pts. at end of yr</u>	<u>No. groups per day</u>	<u>av.no. pts.per group</u>	<u>Total pt. hours</u>	<u>Therapist</u>
A-Building	98	77	59	36	2	15	6635.5	A.Bowling
N-I Ward	36	12	36	26	1	14	1044	N.Whenman
G-Building	34	23	33	15	2	14	4920	B.White
B-Male P.M.	55	32	26	27	1	19	444	J.DiPirro
<u>TOTALS</u>	1829	1390	1282	451	29	15	108,340	

Music. Music Therapy Affiliate Training. Mr. A. Flagler Fultz.

Aim: The aim of the Music Therapy operations at Boston State Hospital is five-fold:

1. To provide adjuvant therapy for patients as part of the hospital treatment team.
2. To supervise and direct the work of student music therapists in their clinical affiliation and training.
3. To conduct research studies on problems related to the existence, nature, aims, and use of music therapy with psychiatric patients.
4. To extend its services to staff members for their relaxation and refreshment.
5. To facilitate the musical aspects of general activities at the hospital, such as dances, anniversary celebrations, entertainments, religious meetings and festivals, etc.

Organization: Music therapy operations are organized at the hospital under the direction of the Director of Affiliate Training in Music Therapy, and comprise, the work of the director, the work of a full time music therapist, and the work of student music therapists who are fulfilling their clinical requirements for their Bachelor of Music in Music Therapy degree at the New England Conservatory of Music.

Tabulation of Data

Mr. Fultz	- 3,750 hours of patient work
Students	1,834.25 " " " "

Operations included goal directed listening, live concerts, studying applied music, vocal, studying applied music, total instrument - community sings, ward sings, glee clubs, Music Therapy club, etc.

Results: 1. There is an even balance between the actual employment of standardized operations with patients and the learning, or teaching, situation.

2. Appearance under standard operations of general and miscellaneous ranking 3rd and 2nd, respectively, in degree of use.

Importance; therapists are taking more pains to know patients first and to keep the musical situation alive by varying it appropriately.

3. Appearance under carefully designed arranging of Goal Directed Listening, Live Concert. These were presented every Saturday for 11 weeks, with many student artists from New England Conservatory performing.

4. Strong position given to private study by patients of voice and instruments.

5. Development of intensive research projects on

a. Effect of Musical Expression upon Korsakow Memory Dysfunction.

b. Value of "Group Music Therapy Club" operations as a control for Avoidant, Inadequate and Maladjustive Behavior.

c. Therapeutically Useful Transfer Effects on Musical Learning in Studying Piano.

d. Relation of Musical Action to Personal and Social Competence.

6. Guide for Physicians in Prescribing Music Therapy for Patients.

Clinical Training of Student Music Therapists - Standardization of Courses and Certification of both Schools and Music Therapists.

These are objectives which have been partially or wholly realized in the past year. Boston State Hospital is one of the few approved training hospitals in this particular specialization area. As an affiliation source for the four year curriculum at New England

Conservatory of Music, it offers students a comprehensive clinical experience.

Special mention needs to be made of the helpful spirit of doctors, nurses, occupational therapists, and social workers for their contribution to the orientation and training of students in music therapy.

The Christmas Program, "Christmas Makes for Beauty" was conceived and directed by the Music Therapy Department. It showed the results of purposeful planning by many departments of the hospital working together for weeks to consummate it. Its aim was dominated by therapeutic objectives rather than the more stereotyped religious celebration concept.

MUSIC THERAPY

The beginning of the past fiscal year found Music Therapy with no therapist. Miss Berkowitz resigned in order to be married. In November, 1956, Mrs. Dorothy G. Latham, began employment as music therapist. Much time was spent in sorting music equipment and supplies and in becoming oriented to the hospital. The therapist toured many buildings to bring music to the wards during the Christmas season. She also assisted in the production of the Christmas pageant.

In January, the Music Therapy Section was moved, with H-O.T., to the new location in the old O.R. Suite of H-Building. Decoration of the new area was done partially by patients.

Groups held for music therapy were re-organized. These included the Orchestra, Male and Female Glee Clubs and upper-H calisthenics group. At the requests of Dr. McCarthy and Dr. Hyde, a glee club was formed on A-1 Ward, and ward programs in B-Bldg. were expanded to include the entire building. On the latter project, the therapist has been assisted by Mrs. Richard Kahn, volunteer. Mrs. Kahn succeeded Mrs. Furman who had done volunteer work with the former music therapist.

The majority of patients from the A-1 Glee Club were placed in industry, therefore this group was discontinued and group singing for 20 other more disturbed women from that building was begun in its place. The calisthenics group in Upper-H was discontinued because of insufficient assistance from ward personnel.

Therapist has attended weekly service meetings with Senior physician, supervisor, nurses and attendants of H-Building.

The possibility of forming a square dance group, with the help of ward personnel, is being considered.

The East Glee Club (22 patients) gave a broadcast from the Reception Radio Station. This was followed by a small Party for the patients who performed and for the guest soloist from the New England Conservatory.

A special performance of two vocal solos was given by an individual music therapy patient at the June Graduation Exercises of the Psychiatric Aides.

SPECIAL ACTIVITIES

There was a total patient-attendance of 9,399 at 19,955 patient hours of special activities this past year.

Some of the activities included:

Special gardening projects in A, R, I, G, H and West O.T. Units.

Consulting on Ward O.T. project -- H-Building.

Christmas Pageant -- decorating and patient-participation directed by O.T. Department members.

Selecting, ordering, marking and wrapping of Christmas Gifts for over 3,000 patients.

Ordering, selecting and distributing of Christmas decorations for all wards.

Bus trips into community during Christmas season for patients to see community lights and decorations. Special parties and refreshments after each trip. Care was taken to select for these trips patients who rarely had opportunities to go outside the hospital.

Monthly parties in Industry, and many O.T. Units.

Bus trips, outings and picnics for patients during summer months.

Bi-monthly dances in I. O.T. Occupational Therapists joined in bringing more female patients to these dances to give patients opportunity for normal social contacts.

Bi-monthly dances in B-Building for the geriatric groups.

Volunteer groups were directed by O.T. Dept. members in working with patients to plan special events, and regularly scheduled Red Cross Arts & Skills Classes continued.

Coffee breaks were instituted in several industries and O.T. Units to relieve work monotony, and to encourage patients to re-socialize.

Movies were held in I-O.T. twice each month. Community singing was tried with this group.

Wards and cafeterias were decorated on all major holidays.

Three therapists held regular team meetings once each week in conjunction with the S-Building Program.

O.T. Department members planned and executed decorations for Women's Auxiliary Annual Hat & Style Show, and assisted in training models.

EAST RECREATIONAL THERAPY

A recreation program for more regressed patients from the female continued-treatment wards was resumed in July, 1956 by Miss Gloria Woodbury, O.T. After considerable progress, the program was discontinued in February, 1957 and a regular O.T. program was begun with these patients, using the facilities of the R-Bldg. O.T. Unit. It was felt that the patients had advanced to a level of participation in more complex activities.

WEST RECREATIONAL THERAPY

Achievements

Volunteers from schools and colleges have been working with the Therapist. Two R.N.'s have been assigned to I-Building. They are conducting recreational programs on the wards, with the assistance of the student nurses.

In addition to Ward 3 and the regular daily softball games, a program has been started on Ward 4. These activities are stimulating to the over-active patients who had heretofore been neglected, and working with them has been very satisfying. The Ward 2 recreation program is now in the hands of an R.N., and a room has been made available for this.

Individual conferences with the doctors in charge have been dropped, but they are always available for supervision. Weekly building meetings with the complete representation of all services have been instituted, and have proved very efficacious. Increasingly better relations are being developed between the Therapist, the O.T. Department and all personnel, under the active and kindly leadership of the building supervisor.

WEST MALE INDUSTRIAL THERAPY

Many changes have taken place in the past year. The New Medical & Surgical Building gave us an outlet for added assignments in Ward Service, and many of our patients are interested in working in this high level situation.

The opening of the new Sewing Room in the West Service is added to our industry assignments. This unit is well organized and is a good placement for patients to establish a work pattern,

The new Central Supply Room gives us an opportunity for patient help. This tends to be a high level assignment and is best suited for patients in good contact.

The Laboratory in the Medical & Surgical Building is an added placement for our patients assisting with the general work in the Laboratory and Messenger to other units.

Our chief interest is the personal appearance of patients in Industry, which means much to the patient and the unit where he is employed. We are working with the Nursing Service to improve on patients; hair cuts, shaves, showers.

We have meetings with the Steward's Department in the Food Service Division. Also, the Ward Supervisors and Ward Personnel attend to discuss the current problems in the units where food is served.

Weekly meetings with the Chief-of-the-Service, Dr. White, and doctors on the service to discuss patients' problems and work out communications with other personnel on the service. This gives us an opportunity to get first-hand information on our current problems in relation to patients and industry.

FEMALE INDUSTRIAL PLACEMENT

Changes and Achievements

Changes made during the past fiscal year have been many. A number of changes in the personnel in charge of East Female Industrial Placement occurred. Mrs. Mary Wilson, Mrs. Janet Sproul, Miss Judith Powell and Miss Gail Barton have worked in the position since July, 1956. Miss Choate has continued to work part-time placing West Female Patients in Industrial Therapy.

Most of the referrals for industrial placement come from direct contact with occupational therapists, ward personnel, social workers, etc. A few written referreles come from the do doctors. The therapists in charge have found it more feasible to go thru the wards, get to know the patients and encourage as many as possible to work in the hospital or go to occupational therapy.

During this past fiscal year, several industrial placement situations have been added: office work in East O.T., West O.T., Steward's Office, Staff Dining Room, West Clothing Room, West Beauty Parlor (D-Bldg.), Reception Building Record Room, D-Building Kitchen Workers, Assistant to Dr. Barton's Secretary, Assistant to Secretary in East Office, Secretary in D-Building x-ray Dept., and Nurses' Aide in the D-Building Clinic.

Placement situations that have been discontinued include H-Building Record Room and East Treatment Room.

Meetings Attended: Team meeting once per week - - - good way of getting informal referrals, information about patients' progress, etc. The meeting on Wednesday afternoons with the Resident Psychiatrist, the O.T. Department, Social Service and

Industrial Supervisors has narrowed its members somewhat. At present, only the sewing room and sometimes the cafeteria and clothing room are represented. The rest of the industries are either disinterested in the meeting or are too short of personnel to allow time out from industries.

Two volunteer groups were handled by Mrs. Sproul, along with the S-Building Program. These groups helped plan activities with patients. These were designed to help the patients feel more comfortable with people and at social activities held outside the hospital. The volunteers were encouraged by Mrs. Sproul to plan activities with the patients rather than for them.

Also in connection with the S-Building Program, weekly trips into downtown Boston were sponsored, Mrs. Connell, Attendant in S-Building, and Mrs. Sproul selected about 4 patients for each trip. Patients were selected on the basis of their needs and fears about going into the community.

In February, arrangements were made with industrial personnel to establish a "coffee break" in the sewing room and laundry. The patients seemed to appreciate this attention as a means of reward for their work.

The large amount of paper work necessary in industrial placement created the opportunity for placement of a patient in the placement office, and freed the therapist for more time on the wards and in industries.

Needs:

Supervisors for patient-workers, especially in the cafeterias and laundry. These supervisors could arrange work schedules to insure more even distribution of labor so that hard workers would not be over-worked and other workers would have more opportunities to contribute on a regular basis. They could also check on daily attendance, teach new patient-workers their duties and follow through on this.

With the need for more patient-employment in the hospital, placements could be made with East Beauty Parlor and every ward clothing room. Another need in this job is some means of transportation. With a car provided, the industrial placement therapist would be able to do at least a third more work than now. For instance, it is necessary to allow a whole morning for taking a patient to a new job on the West Side of the hospital with a car this could be done in 1/2 hour.

Volunteer Services - Mr. Paul G. Mavrides, Director

The Volunteer Service Department is a multi-phased organization whose main objective is to procure entertainment and recreation for the patients. It recruits volunteer workers from every station in life for various assignments in the hospital, solicits contributions and maintains friendly and productive public relations with the communities and press.

During the past seven years, this department has steadily strived to fulfill its basic duties and to become more beneficial to the patients and hospital staff.

Through close association with the Directors of eight radio and television stations, night clubs, hotels, colleges, church groups and multiple professional unions, it has been possible to secure entertainment of the highest calibre throughout the year. The American Federation of Musicians, Local #9, for example, regularly provides small groups and entire bands for the sole purpose of entertaining the patients at parties and concerts, etc.

Within the past twelve months many new organizations have responded to radio and television appeals, newspaper releases and direct contacts, contributions of money, television sets, pianos, radios, books, magazines, games and clothing have been pouring in. During the month of December, we received thousands of generous gifts from everyone. These requests for contributions were met by the public with over-whelming cooperation and genuine interest.

More than two hundred volunteers are now engaged in this humane work under the Director of Volunteer Services. Under his direction, many Church and Civic organizations pay regular visits to the hospital providing parties, personal services and interest toward the patients. Church groups such as the Marian Visitors, which consist of six groups of Catholic women from nearly all churches, and the Benevolent Fraternity Fruit & Flower Mission of the Unitarian Church, have regular schedules for providing entertainment in the form of movies, community sings, beano, and bus trips to nearby public gardens and parks. Other organizations like the American Legion Auxiliary and the Boston Chapter American Red Cross have supplied not only clothing, games, parties and gifts, but also trained volunteers for bedside work in medical wards and secretarial and administrative work.

At the suggestion of the Director, the Volunteer Service Department sponsored a "Stars in the Night" (1956) review at the Boston Arena. This review featured outstanding personalities from all parts of the entertainment world and attracted over one thousand persons. The entire proceeds went into the Volunteer Services Fund for the benefit of the patients.

Under the stimulus of Archbishop Richard Cushing, relatives and friends of the patients, organized to form the Boston State Hospital League. As a result of this interest and work, a "Monte Carlo Carnival" was held in May (1956) on the grounds of the hospital. Nearly thirty-thousand dollars was realized from this event which was earmarked to construct out-door recreational facilities for the patients. This event would not have been so successful without the fullest cooperation of the public

and the employees at the hospital, who donated their time to make it such a grand affair.

The Boston State Hospital is happy to take this opportunity to thank the following for generous donations of clothing, pianos, radios, television sets, records for Radio Station WESH, books, magazines, games, prizes for Field Day and Carnival, Christmas gifts, etc.:

Community Friends of the Boston State Hospital;
Octavia Club, Roslindale
Women's Auxiliary of the Boston State Hospital
Disabled Veterans' Remembrance Committee
The Bay State Council, No. 584, United Commercial Travelers
of America
Massachusetts Institute of Technology, King Solomon Lodge
Knights of Pythias, First Methodist Church, Somerville
First Church, Boston, Mass.
Church Periodical Club of Fall River
Chatterbox Club
The Salvation Army
Old South Church, Boston
W.S.C.S. of Copley Church, Boston
Boston Consolidated Gas Co. Employees, Boston
Women's Missionary Society, Hyde Park Presbyterian Church
Women's Society, Pilgrim Congregational Church, Dorchester
Eliot Congregational Church, Women's Association
Auxiliary Society, Pilgrim Congregational Church
Mrs. Patrick Pryor, Mount Vernon Street Church, Boston
Arlington Street Church, Boston
Student Government Association, Fisher Junior College
Student Government, Simmons College
Student Government Association, Chandler School for Women
Student Government Association, Emmanuel College
Hyde Park Kiwanis Club, Roslindale
West Roxbury Kiwanis Club
Ladies' Aid Society, Scotch Presbyterian Church
St. Marks Episcopal Church, Dorchester
First Baptist Church, Boston
Benevolent Fraternity Fruit & Flower Mission
The Ladies' Aid Society, Church of the New Jerusalem, Boston
Massachusetts Association for Mental Health
Adams Post, American Legion, Roslindale
T.J. Roberts Post & Auxiliary, Dorchester
Women's Missionary Society, First Presbyterian Church
M.J. Perkins Post & Auxiliary, South Boston
First Baptist Mothers' Club, Malden

Brighton Congregational Church, Women's Association
H. F. Barrows Co., North Attleboro
Boston Police Post, American Legion Auxiliary
Alofa Melia Club, Sisterhood Temple Beth El
Emmanuel Church, Boston, Business & Prof. Women's Club
Mr. Harry Chames, Newton
Greek Orthodox Cathedral
Sacred Heart Women's Club, East Boston
Eastern Jewelry Mfg. Co., Providence, R.I.
Mr. & Mrs. Henry B. Finch, West Roxbury
Friends of the Boston City Hospital
Chamberlayne Jr. College, Student Government Assoc.
Jadettes Club, Boston
New England Confectionery Co., Cambridge
West Roxbury Catholic Women's Club
St. Andrews Church Periodical Club, Wellesley
V. F. W. Auxiliary Post No. 940
St. Paul's Cathedral Church Group, Boston
Jewish War Veterans' Ladies' Auxiliary
United Spanish War Veterans' Auxiliary
Shields, Inc., Attleboro, Mass., Dept. of Mass.
West Roxbury Methodist Church
First Methodist Church, Dorchester, Women's Society
Business & Professional Post, Ladies' Aux., Roxbury
Boston Metropolitan Chapter, Junior Red Cross
Constitution Auxiliary
First National Bank, Boston, Personnel Dept.
Church of the Holy Spirit, Mattapan
Sons of Italy, Stoneham
Theatrical Post, American Legion, Boston
Suffolk County Council, American Legion Auxiliary
Suffolk County Council American Legion
United American Veterans Auxiliary
Church of the Advent, Boston, Periodical Club
First Church of Winchester, Junior Miss Club
Pilgrim Press of Boston
Milton Rotary Club
Malden Baptist Church, Bigwood Class
Church of the Good Shepherd, Malden
Welcome Lodge No. 158, Mattapan
Blue Hills Neighborhood Girls Scouts
Undergraduate and Post-graduate
Second Church of Newton and many others

CLINICAL MEDICINE DIVISION

James Mann, M. D., Director of Psychiatry and Chief of Professional Services

Medical Services

Surgery	-	Total	370
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Major Operations

141

General	90
Orthopedic	19
Genito-Urinary	12
Ophthalmology	2
Gyn	4
Eye	5
Neuro	2
Urology	1
Chest	6

Minor Operations

229

General	104
Orthopedic	71
Genito-Urinary	27
Chest	10
Oral	1
Thoracic	2
Urology	4
Gyn	7
Nasal	2
Eye	1

Special Procedures

E. K. G.'s 519

E. E. G.'s 69

B. M. R.'s 1

L. P.'s 149

Medical-Surgical	51
Mens' Continued Treatment Service	1
Geriatrics	69
Reception Male	9
Reception Female	19

Anectine Shock: 161 patients received 498 treatments

Medical-Surgical	59 patients	165 treatments
Geriatrics	76 "	234 "
Reception Male	11 "	37 "
Reception Female	15 "	62 "

Electric Shock: 771 patients received 2,631 treatments

Medical-Surgical	5 patients	23 treatments
Women's Continued Treatment Service	225 "	638 "
A Building	7 "	19 "
Geriatrics	254 "	605 "
Reception Male	66 "	318 "
Reception Female	214 "	1,028 "

Syphilis Treatments: 16 patients received 166 injections

Geriatrics	10 patients	110 injections
Reception Female	3 "	32 "
Medical-Surgical	1 patient	
Men's Continued Treatment Service	2 patients	24 "

Hydrotherapy: 196 patients received 504 treatments

Geriatrics	46 patients	135 treatments
Women's Continued Treatment Service	150 "	369 "

Psychotherapy

Group: 597 patients received 1906 hours of treatment

A Building	305 patients, 209 hours
Women's Continued Treatment Service	789 " 414 "
Men's Continued Treatment Service	414 " 446 "
Geriatrics	279 " 115 "
Reception Male	271 " 434 "
Reception Female	166 " 288 "

Individual: 896 patients received 6288 hours of treatment

A Building	53 patients, 399 hours
Women's Continued Treatment Service	246 " 1613 "
Men's Continued Treatment Service	202 " 1325 "
Geriatrics	20 " 98 "
Reception Male	173 " 1362 "
Reception Female	202 " 1491 "

Deaths

328

Medical-Surgical	292
Women's Continued Treatment Service	5
Men's Continued Treatment Service	5
Geriatrics	24
Reception Male	1
Reception Female	1

Supervision Hours

Dr. Blau	100
Dr. Davidson	5
Dr. Day	6
Dr. L. Geller	46
Dr. Hyde	109
Dr. Linnell	49
Dr. Mann	30
Dr. Porter	236
Dr. Rees	3
Dr. Sorrentino	3
Dr. White	135
Dr. Wilson	97

SURGICAL DEPARTMENT

Alexander J. A. Campbell, M. D., Surgeon-in-Chief

The following is the statistical report for the past year:

<u>Major - 141</u>		<u>Minor - 229</u>
General	94	111
Orthopedic	19	71
Genitourinary	13	31
Neurosurgical	2	
Eye	7	1
Chest	6	12
ENT		2
Oral		1

The statistics for the Clinics are attached.

During the year there have been the following appointments in the Department of Surgery:

1. Dr. Milton F. Brougham, Senior Neurosurgeon and Head of the Division of Neurosurgery.
2. Dr. Charles Kent, Visiting Otolaryngologist
3. Dr. Irving M. Madoff, Visiting Surgeon, Thoracic Surgery
4. Dr. Malvin F. White, Consultant in Plastic Surgery
5. Dr. Harvey H. Leckart, Junior Visiting Physician, Division of Anesthesia

The above are well qualified in their respective fields and we are pleased that they have accepted appointments in the Department of Surgery. The illness of Dr. West of the Division of Ophthalmology has resulted in an excessive clinical-patient load for the Head of the Division, Dr. Sullivan. Dr. D. Robert Alpert, who is Chief of Ophthalmology at the Boston City Hospital has agreed to contribute enough time to help solve this problem and a third appointment is also planned.

Since the last annual report, we have arrived in our new Surgical Building which evoked many hallelujahs. Then, in October 1956,

the Medical Executive Committee officially approved an affiliation in Surgery with the Beth Israel Hospital. Through the excellent cooperation of Dr. Jacob Fine, Chief of Surgery at the Beth Israel Hospital, a fourth year Resident in Surgery is assigned to the Boston State Hospital for a period of six months. I would certainly be remiss if I did not mention Dr. Basamania who has been assigned to the Surgical Division by Dr. Stratton. Dr. Basamania is trained primarily in surgery and contributes of his skill and knowledge to our Division; he complements and supplements the work performed by members of the Surgical Division and the Resident Surgeons. The Residency program is in the toddler's stage of development but seems to be functioning very satisfactorily; we wish to express appreciation to all who have and are making it possible. It is obvious that many benefits accrue to the patients who require surgical investigation and care as well as to the personnel involved in this program. However, there is a great discrepancy in one of the vital areas of our program, that is, the nursing and attendant care on our surgical wards. This problem is not peculiar to just the Boston State Hospital but is a stumbling block to good patient care; we hope for increased personnel to take care of this situation. We are ever aware of the need for better Laboratory and X-ray facilities. It is now possible for us to use the facilities of the Leary Laboratory in Boston for extraordinary laboratory procedures. The X-ray Department at the Boston State Hospital is expanding. Radium and deep X-ray therapy are not available but we are now able to refer patients to the Lemuel Shattuck Hospital, as

well as to the Pondville Hospital for appropriate treatment. The Tissue Committee meetings are scheduled every other month and are attended by Dr. Stratton, the Pathologist, the Resident Surgeon, the Head of the Department of Surgery and the Visiting Staff on service at the time. There is a prepared conference agenda and a report of each meeting is given to the Medical Executive Committee.

Dr. Walter E. Barton, Superintendent, and the Executive Department of the Boston State Hospital continue to cooperate and support the work of the Surgical Department to the utmost and we are grateful to them. The hospital and Visiting Staffs deserve much commendation for all their efforts during the past year. We are in an enviable position in this State to set up a standard of surgery for the benefit of our mentally handicapped people that is second to none. It demands our constant combined skills and dedication if we are to continue to progress. Progress we must, because if we do not progress, we deteriorate.

Clinics	Physician	No. of Clinics	No. of patients
Surgical	Dr. Campbell	42	445
	Dr. Shedd	4	20
	Dr. Rachlin	5	26
	Dr. Helfand	34	152
Medical	Dr. Stearns	12	85
	Dr. Oppenheim	14	124
	Dr. Rackemann	12	81
	Dr. Morrison	13	162
Eye	Dr. West	14	197
	Dr. Sullivan	2	26
Ear, Nose, and Throat	Dr. Wilker	11	59
Podiatry	Dr. Thorner	47	511
Dermatology	Dr. McCarthy	24	232
Neurology	Dr. Alexander	6	39
	Dr. Starr	4	12
Orthopedic	Dr. Bragdon	14	127
Fractures	Dr. Bragdon		27
	Dr. Bragdon (seen on wards)		23
	Dr. Helfand		24
Urology	Dr. Hershman	4	18
	Dr. Bordny	2	7
	Dr. Fischman	5	42
Employees	Dr. Parker	31	152
Plastic Surgery	Dr. White	1	3
Glasses:	Mr. Hulett	11	59
Psychosomatic	Dr. Saslow	7	7
Thoracic	Dr. Lynch	5	32
	Dr. Madoff	1	3
	1 P.O. visit		
Chest	Dr. Wassersug (see X-ray report)		
Student Nurses Sick Call	Dr. Stratton		16
	Dr. Parker		7
	Dr. Campbell		1

Employees' Sick Call

Dr. Stratton
Dr. Parker
Dr. Liard
Dr. Helfand

107
24
1
10

MEDICAL DEPARTMENT

Hyman Morrison, M. D., Physician-in-Chief

As in former years our population presented the varied physical ailments prevailing in any community of its size, bearing in mind its large number of aged people. The establishment of a geriatric service gives promise for better understanding of the problems and difficulties of the aged.

The infectious, vascular, respiratory, nutritional, metabolic, endocrine, hematologic, neoplastic and arthritic diseases presented themselves in their varying manifestations. For their effective management the several diagnostic laboratories were employed to the utmost.

The assignment of a dietitian in full time for D Building has improved greatly the management of the cases of diabetes, peptic ulcer, cardiac and renal failure, and of malnutrition and obesity. The determination of protein-bound iodine in thyroid dysfunction has eliminated the basal metabolic determination so inadequate in agitated patients. Careful scrutiny of patients receiving electroshock and the use of anectine have diminished fatalities incidental to this important therapy--there were not any during the past year. Untoward results from the use of tranquilizing drugs have been brought down to a minimum--only two cases this year--one case of leucopenia and another of hepatitis, both mild.

Happily there were no epidemics, aside from a flurry of eight cases of dysentery in G Building (the tuberculosis ward) traced by Dr. Parker to a salmonella carrier--an employee handling food.

The work of the sub-departments of tuberculosis, dermatology and physiotherapy have continued with the usual efficiency. There were 328 deaths during the year past, 122 cases coming to post-mortem examination--a percentage of 37.2. This shows improvement in this procedure for better understanding of disease, but yet not enough.

What medicine can do has been epitomized as follows:

"To cure sometimes, to relieve often, to comfort always".

The Boston State Hospital has attained leadership recognized by the profession and the community by ever striving to improve the treatment and rehabilitation of the mentally ill.

Two achievements by our hospital during the year ending June 30, 1957, due to the initiative and effort of the administration, stand out prominently. First, its new large general hospital, D Building, a credit to any community, is now fully active, equipped for ever-better medical, surgical, and specialty care of our population of 3000 mentally-ill patients. Secondly, this innovation, like the integration of the resident and visiting medical staffs a decade ago, has raised the level of our psychiatric, research, teaching, nursing, rehabilitation and social services to a degree which has won for the Boston State Hospital full accreditation and association with the Boston medical schools and several general hospitals.

The Clinic section on the basement floor of the new building has proved to be a highly effective arrangement for the visiting medical staff with the consultation rooms co-ordinated with the diagnostic and treatment laboratories and with the spacious

comfortable waiting room for the patients. The Head Nurse Mrs. Cleary, and Mrs. Fredey, Aide, have combined efficiency and courtesy and sympathy to a degree most helpful both to patients and physicians, so essential in a clinic averaging an attendance of 10 and sometimes running up to 20 a morning. It is also encouraging that the resident staff steadily even if slowly is learning to send clinical records better prepared for the problems under consultation.

The four visiting physicians in internal medicine have held weekly clinics throughout the year with a total of 452 consultations, exclusive of the ward and emergency cases, referred from all departments. With such a heavy "out-patient" load very little time is available for ward visits, so essential to the care and morale of patients, and, without presumption on our part, to the training of the resident staff. The remedial solution now under discussion is a second visita week devoted entirely to the wards.

The steadily increasing attraction of the Boston State Hospital to physicians for training and service is making available more adequate resident coverage of the acute and chronic somatic problems of our patients now housed in D Building. A very helpful innovation on the Surgical side has been the incorporation of a two months service drawn from the Beth Israel Hospital surgical interne staff. This has proved so beneficial to all concerned that a similar arrangement is under consideration for the medical side.

The Laboratory has done 28,490 tests during the last fiscal year. The number of deaths was 328, autopsies 122, and the percentage 37.2.

The Laboratory has been enlarged and the new Chemical and Frozen Section Laboratory is in full operation. At the present time, we have eight technicians (and we could use more). From this Laboratory during the last year, three papers were published and two are in print. Our interest in general and cerebral arteriosclerosis has not abated, and we are making plans to re-organize our research in this area in the near future.

The department of Bacteriology has been established. We do not rely on the State Laboratory any longer, but we do our own bacteriological work and sensitivity tests in our own Bacteriological Laboratory.

We have acquired several late books on pathology, neuropathology and brain tumors, new microscope, another spectrophotometer, a new Van Slyke CO2 machine, and our new pride, a flame photometer.

Tuberculosis Control - Joseph D. Wassersug, M.D.

Once again it gives me great pleasure to present to you our eleventh annual report regarding our work in tuberculosis control at the Boston State Hospital.

As in the past few years, I have conducted weekly clinics at the hospital and have seen 828 patients in consultation this year. With the opening of the new D Building for general medical and surgical cases, I have had an opportunity to do additional clinical work on the wards, both in chest cases and in other medical conditions. Our 828 consultations this year presents

an increase over our figures of last year (756) and the year before (807). We average 20 patients a week since clinics are conducted weekly throughout the entire year. Complete ward rounds are made in the G Building once each month.

We have also maintained excellent rapport with our thoracic surgeons and the cooperation that we have received from them in the management of our cases is commendable. During the past year, twelve patients have had major chest surgery performed and these have included resections, thoracoplasties and pneumonectomies. We use every known surgical procedure that is used in any good regular tuberculosis hospital.

The number of patients on pneumothorax and pneumoperitoneum has declined. This year eleven patients (as compared to fourteen last year) have received some form of collapse therapy of this type, but in many instances the collapse was not maintained because of lack of cooperation on the part of the patient or because of other reasons. In some instances a good collapse was not obtained, so the procedure was discontinued.

The following statistics pertaining to the G Building are of special interest.

Census	78 to 93
Admissions:	
Male	43
Female	21
Source of Admission:	
General Hospitals	9
Sanatoria	8
State Mental Hospitals	9
Reception, admitting diagnosis	14
Old Boston State Hospital patient, new dx.	12
Reactivation, Boston State Hospital	<u>12</u>
	64

Status 6/30/57	Male	Female
Active	22	7
Inactive	8	6
Probably inactive	8	4
Died Tuberculous	3	1
Non-Tuberculous	4	1
Discharges: (from tuberculosis unit)		
Home	7	
Boston State Hospital Ward	9	
Sanatoria	6	
State Mental Hospitals	1	
Discharged: (admitted prior to 7/1/56)		
Male	30	
Female	15	
	<u>45</u>	
Home	6	
Boston State Hospital Wards	25	
Sanatoria	1	
State Mental Hospitals	4	
	<u>37</u>	(1 escape)
Died Tuberculous	5	
Non-Tuberculous	3	
	<u>8</u>	

This past year we were honored with an invitation to present an exhibit at the American Trudeau Society Meeting in Kansas City on May 6th to May 9th. With the assistance of Dr. William P. Parker, Dr. John M. Mackenzie, and the O. T. Department, we constructed an exhibit titled, "Tuberculosis in a Mental Hospital". Dr. William P. Parker accompanied the exhibit to Kansas City. The exhibit is portable and we hope before long we may have it set up in the lobby of the new D Building.

Although we have made good progress with our task at Boston State Hospital, much still remains to be done. For years we have asked for a dental office in the G Building and now, at last, we are to have one. We have also asked for awnings on the G porch and now we are to get them.

Since it has been shown that tuberculosis may be spread not only by direct droplet infection but also by dust, better dust control measures in the G Building are indicated. Dry sweeping, with a dry mop or broom through the open wards, should be discontinued and mopping with an oily substance (for example, Triton A) is indicated. The dishwashing facilities in the G Building are all but decrepit. The installation of new equipment would be materially helpful in furthering tuberculosis control. Some of the difficulties that were presenting a problem to us last year appear to be overcome. A new incineration unit has been established in the G Building for which we are thankful. Recording and dictating equipment have been made available to us in the G Building. We now have adequate files for our records; for these we are thankful.

I want to take this opportunity, too, to acknowledge the cooperation and help that we have received from all of those who are associated in this work with me. Dr. William P. Parker has been present with me in each clinic and has worked faithfully and industriously at my side. Mrs. O'Loughlin and her staff in the G Building have been always ready and eager to lend any assistance and help. Our X-ray technicians have always maintained their full share of responsibility in seeing that X-rays were promptly taken and ready for review. Our special thanks this year goes to our O.T. Department not only for providing us with an O. T. worker in the G Building, but for their aid and assistance in preparing the exhibit which we sent to Kansas City in May.

TUBERCULOSIS UNIT - G BUILDING

Census: July 1, 1956 83
June 30, 1957 76

Maximum 93
Minimum 76

<u>Admissions:</u>	<u>Age</u>	<u>20-40</u>	<u>40-60</u>	<u>60+</u>
Male	43	3	17	23
Female	21	4	8	9
	64	7	25	32

<u>Status - 6/30/57</u>	<u>Male</u>	<u>Female</u>
Active	22	7
Inactive	8	6
Prob. inactive	8	4
Dead - tuberculosis	3	1
non-tuberculosis .	4	1

Source of Admission:

General Hospital	9
Sanatoria	8
State Mental Hospitals	9
Reception Adm. diagnosis	14
Old B.S.H. - New diagnosis	12 (3 susp. - inactive)
Old B.S.H. - Reactivated	24

Stage at Admission:

Undetermined	18
Minimal active	13
Moderate active	22
Advanced active	11

Discharges: admitted prior to 7/1/56

	<u>Age</u>	<u>20-40</u>	<u>40-60</u>	<u>60*</u>
Male	30	6	14	10
Female	15	1	8	6
	45	7	22	16

Status at Discharge:

Active to sanatorium	1
Inactive - to B.S.H. wards	25
Inactive - to State Hosp.	4
Inactive - T.V. or Discharge...	6
Died -- Tuberculosis	5
Non-tuberculosis	3

Discharges: admitted 7/1/56 - 6/30/57

Active to Sanatorium	6
Inactive to T.V. (home)	7
Inactive to State Hospital	1
Inactive to B.S.H. wards	10

Patients in Tbc. Unit entire year 1956-57:

Male	38
Female	6

Chest Surgery	12
(4 subsequently discharged from hospital - inactive)	

Major General Surgery	8
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Pneumothorax or pneumoperitoneum	9
--	---

Minor surgery (incl. thoracentesis)	16
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X-ray	850 (approx.)
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Fluoroscopy	175 (approx.)
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Dermatology Section - Francis P. McCarthy, M.D.

There has been an appreciable increase in the number of patients seen during the past year, with a marked increase in the follow-up visits.

Dr. Philip L. McCarthy, who worked as a volunteer in the past few years, has been appointed as an active member of the Visiting Staff.

Following is a statistical review of the dermatological diagnoses of the cases seen during the past fiscal year.

No. of patients - 115

No. of visits - 183

Acne Vulgaris	2	Ichthyosis	1
Alopecia Areata	1	Intertrigo	9
Carbuncle	1	Keloid	1
Cheilitis (traumatica)	1	Keratoderma	1
Dermatomycosis	1	Keratoses	6
Dermatith, atopic	1	Leukoplakia	1
Dermatitis, contact	12	Lichen simplex chronicus	1
Dermatitis, eczematoïd	4	Neurotic excoriations	19
Dermatitis, seborrheal	10	Nnumular eczema	1
Dermatitis, stasis	5	Psoriasis	9
Dermatitis, verrucous	1	Purpura	1
Dermatitis, lichenified	2	Pyoderma	4
Dyshidrosis	1	Rosacea	2
Erythema Multiforme	1	Rhynophyma	1
Folliculitis	1	Scleroderma	1
Gangrene, senile	1	Stasis ulcer	2
Granuloma	1	Tinea Versicolor	3
Herpes Simplex	1	Vitiligo	2
Hydra-Adenitis	1	No disease	4
Hyperidrosis	1		

RECORD OF ESCAPES1956 - 1957

<u>1956</u>	<u>On Escape & A.W.A.</u>	<u>On Escape</u>	<u>Ret'd from Escape</u>	<u>On A.W.A.</u>	<u>Ret'd from A.W.A.</u>
July	50	21	18	29	36
August	54	29	26	25	24
September	48	21	21	27	23
October	57	19	17	38	35
November	42	12	13	30	33
December	40	11	12	29	29
<u>1957</u>					
January	35	15	10	20	31
February	41	17	16	24	24
March	42	15	18	27	28
April	49	8	9	41	42
May	85	25	17	60	52
June	76	20	18	56	64
<u>TOTALS</u> (1957)	619	213	195	406	421
<u>TOTALS</u> (1956)	557	225	221	332	352

PSYCHOLOGY DEPARTMENT - John Arsenian, Ph.D., Head of Dept.

Psychological Testing

Wechsler Bellevue	128
Wechsler Bellevue (short form).....	48
Wechsler Adult Intelligence Scale	77
Wechsler Memory Scale	4
Rorschach Test	205
Draw-a-Person Test	188
Bender Gestalt Test	194
Thematic Apperception Test	48
Sentence Completion	165
Goldstein Color Sorting Test	<u>1</u>
Total Tests Administered	1058
Total Patients Tested	263

Other Activities

Supervision of Psychotherapy	131 hours
Group Therapy Performed	45 hours
Individual Psychotherapy Performed	633 hours
Total Administration	126 hours
Research	145 hours
Teaching	213 hours

Personnel and Problems

The Barrington Plan gave to John Arsenian the title of Director of Psychological Research. Both the salary and title are gratifying but this does not add much strength to the department. As encumbrances the salary increase was subject to the \$1000 limitation and the position subject to certification by examination.

Mr. Johnson was made Principal Psychologist at the Briggs Clinic, a fitting promotion in view of Mr. Johnson's skills and experience. Dr. Barton made a budget request for a principal psychologist for the hospital staff, but this was placed in a supplementary budget, the fate of which is unknown at this writing.

While it was hoped that the Barrington Plan salary scale would place us in a bargaining position to obtain psychologists, enlivened interest in providing mental health services in this state has drained off available first-rate people.

Also the Barrington wage scale still leaves Massachusetts pay for psychologists beneath the going rate in states competitively bidding for staff.

Staffing Pattern. For 11 months of the year we were short one full-time person. As noted, this reduced production, especially in research. The ambiguous position of Mr. Blanchard made it necessary that all his work be reviewed and edited, and the newness of Mr. Magazu similarly required his work be supervised so that little time remained for other activity.

Over-all Review of Department's Needs for Growth. An easy, perhaps best way, to summarize the position of our department is to incorporate a letter of inquiry and advice from Dr. Barton to John Arsenian regarding this department's deficiencies as viewed by NIMH and American Psychological Association reports solicited by us. (These reports were included in last year's annual report).

The letters are here transcribed in parallel columns since they were so written:

August 16, 1956.

To: Dr. John Arsenian
From: Walter E. Barton, M.D.,
Superintendent.

In reviewing the actions of the NIMH and the American Psychological Association as stated in their letter of May 28th, we find the NIMH approving the grant if the APA approves our training.

The APA did not, stating we were not quite ready for approval. They point out the excellent facilities and as near as I can determine have only the following critical comments to make:

1. That financial support for the department is inadequate there being but 4 staff members for 3,000 beds, and that salary levels are sub-standard.

This comment is informative but should not be the basis for denial unless the standard of personnel is spelled out - so many psychologists for so many beds - and if we do not meet this, then no approval. Do you know if such a staffing standard exists?

2. The next comment is that a member of the staff hold a B.A. degree. Is this contrary to APA regulations? Is there any rule anywhere that says to be approved for training all members of the staff need to be M.A. holders or Ph.D. holders?

3. This is critical of organization, saying there is no organized orientation program for clerkship students nor are there any departmental staff meetings.

August 21, 1956.

To: Dr. W. E. Barton, Superintendent
From: Dr. John Arsenian
Re: Memo on Psychology Department

(The numbered comments below parallel those on your memo of Aug. 16th on NIMH and Amer. Psychol. Assn. review of our Psychol. Dept.)

1. Staffing Pattern. From comments made and comparisons with Conn. and N.Y., from which states the APA (psychol.) representatives came, I concluded that we were principally found lacking in numbers and "strength" - that is, higher degrees - Ph.D's. I do not know of any statement about ratios of psychologists to patient populations - other than the one sponsored by the American Psychiatric Association - or was it GAP? In the annual report I included reference to the situation in Conn., where they have 7 psychologists for a hospital with fewer than B.S.N. beds.
2. About the B.A. degree, I think this is counted against us only because we do not have more people with higher degrees about. In general there is an effort to promote the level of training of persons who work as clinical psychologists, and advanced graduate degrees are passing as the external insignia of a professional level of competence.
3. I am defensive on the score of no organized orientation program for clerkship students. Our small size permits an individualized approach to the student. We could hold

4. The heart of the critical comment is contained in this paragraph which says:

1. Additional psychological staff members are needed.
2. Release time of the Chief Psychologist for supervision of internes.
3. Extend services to more branches of the hospital so that internes can have a wider experience. Allow the staff more opportunity to exercise research skills.

The last comment has to do with stipends for maintenance for internships which would seem to be an irrelevant comment altogether as it would be quite possible to attract trainees through NIMH grants if approval were there. I see nowhere a comment that Ph.D. requirements, or a second Ph.D., really what is in the back of their minds. If not spelled out as a requirement, it ought to be. Is it your opinion that the only critical comment is that we must have a second person at Ph.D. level?

One last comment - I would certainly not take anyone on to your staff who is not up to the standards that you would like to see in a fellow worker. When Mrs. Wiener leaves I would make a determined effort with a Ph.D. By the time you clear all of the Civil Service authority to make an appointment, the new Barrington rate scale should be on the books according to the advance information we have.

Walter E. Barton, M.D.
Superintendent.

departmental staff meetings but there are so many meetings to distract people from working already that I am reluctant to start another. If you think I should I will.

4. "The heart of critical comment"

1. I agree, additional staff members are needed.
2. If we had more personnel I'd be freer to give more supervision to students.
3. I agree, our students should get more experience with the chronic services and with old patients. If we had more personnel we could encourage referrals from these services. As for the staff exercising research skills, we are hampered by inertia and have the ready excuse of too much work to do.

I am sure if we had 2 Ph.D.'s about there would be no question, and probably none if we had 2 Ph.D.'s and a person with Olof Johnson's stature. I don't think they would have looked with much greater favor on our situations if we had several more workers at the M.A. level, without a second Ph.D.

It seems to be assumed that only those with the Ph.D. degree should be accorded supervisory and teaching positions and functions.

I have several applicants at the M.A. level, but suppose I should hold out for a Ph.D. in view of the above. Perhaps with the Barrington pay scale we can get one, but I'm not sure we can before Civil Service presents us with a list from an examination they say is coming soon.

Further Departmental Needs

Space. While the department remains understaffed, we have no space problem, yet must anticipate some if we are to strengthen the department.

The housing of the two outside research projects overcrowds our space, as does the presence of three or more university students who come from time to time to gain experience at testing mental patients.

Mention is made of this problem because other space-seeking departments have expressed proprietary interests in the corner we would like to view as our territory. We wish it could be established that a number of rooms in our wing be kept open for any and all persons needing to use an office for interviewing, therapy or testing.

Typist Clerk. It sometimes happens that there is no one present in the Psychology Office where sits our single telephone. This is a source of puzzlement to some callers and impedes the efficiency of our department. A person to answer the phone and do other clerical tasks related to our reports and files would put the department on a more business-like basis.

SOCIAL SERVICE

ANNUAL TOTAL SHEET

Cases Carried:

Carried over	3,941
Referral Received	1,416
Trans. In	30

Classification:

Specific service	1,614
Continued-service	3,664
Specific Service re-classified as continued-service	99

Status:

Active	4,682
Needing attention	213
According to plan	482

During year patients were:

In Hospital	3,308
In Community	1,389
Placed on Trial Visit	253
" in Family Care	4
Transferred from Family Care to Trial Visit	2
Returned from Trial Visit	53
Returned from Family Care	13
Discharged Direct	330
" from Trial Visit	25

Disposition

Closed	1,205
Transferred out	182
Carried over	3,990

SOCIAL SERVICE

Interviews	In Hospital	In Community	Totals
Patients	5812	740	6552
Relatives	1210	280	1490
Others	331	163	494
<u>Totals:</u>	7353	1183	8536

Telephone Interviews: 3984
 Letters written: 911

Home Evaluations:	New	Re-Eval.
Boarding and Nursing Home	18	40
Family Care	1	26
<u>Totals:</u>	19	66

F.Care Phone Calls 50

Casework Supervision(in hours)	Students	Staff	Totals
Supervisee	266	332	598
Supervisor	201	274	475
<u>Totals:</u>	467	606	1073

Recording (in hours) 941½

Conferences (in hours)	
A. With Psychiatrists	816
B. With Other Personnel	420
C. With Other Social Agencies	312½
D. Ward or Service Conferences	506
E. Other (specify)	105
<u>Totals:</u>	2159½

Group Therapy (in hours)	
A. Leader	356 3/4
B. Recorder	60
C. Observer	83
D. Supervision	164
<u>Total:</u>	663 3/4

Staff Meetings (in hours)	
A. S.S. Staff	511
B. Hospital Staff Meetings	753½
<u>Total:</u>	1294½

Other Social Service Department Work By Hours	
A. Teaching	67
B. S.S. Committee Work	96
C. Preparation of Cases for Presentation	137
D. Other	192½
<u>Total:</u>	492½

SOCIAL SERVICE DEPARTMENT

Number of Cases Seen in Out-Patient Dept.

<u>MONTH</u>		<u>FEMALE</u>	<u>MALE</u>	<u>TOTAL</u>
July	<u>1956</u>	85	49	134
August	"	65	53	118
September	"	86	52	138
October	"	91	55	146
November	"	67	53	120
December	"	74	50	124
January	<u>1957</u>	82	44	126
February	"	86	50	136
March	"	78	61	139
April	"	62	62	124
May	"	56	37	93
June	"	<u>65</u>	<u>40</u>	<u>105</u>
<u>Totals</u>		897	606	1,503

GERIATRIC SERVICE

Considerable progress has been made during the last year.

(A) Two 35 bed, admitting wards, have been established.

The "team" approach, is used to provide intensive treatment to the most favorable, newly admitted patients.

Patients who take more than one or two months to respond are concentrated on another ward with the same "team" following them until either they are able to leave the hospital or the need for continued care as "chronic" becomes apparent.

(B) When patients leave, one of the following follow-up procedures may be used.

1. Phone calls to the nursing home for feeble patients unable to report here or O.P.D.
2. Social workers' visits to nursing homes.
3. Regular appointments Sunday mornings at 3-6 week intervals with the Senior Physician, (averaging 50 patient visits a month).
4. Individual therapy. (There are now 6 patients in psychotherapy).
5. Contact with social agencies to whom patients have been referred for physical or psychiatric disorders.
6. Out-Patient Electroconvulsive Program. For the patient's protection, complete laboratory tests are required every six months, including examination by

patients local doctor reported in writing, and including an electrocardiogram.

7. Report regularly for Occupational Therapy and Ward Meetings (Day Hospital Plan), in an effort to help both hospital and ex-hospital patients to face the stigma of their illness. One patient has joined our geriatric volunteer group and brings materials for ward activities.

- (C) Three new male wards have been set up for "continued treatment" patients with poor prognosis in H Building. This has helped relieve overcrowding.
- (D) One O.T. worker has been added and one physiotherapist to work with "fair" prognosis patients in addition to their therapy with new patients.
- (E) The foot care, dental care, elective surgery program is nearly completed due to improved relations with the auxiliary staff and to the increased resident surgical staff.
- (F) The Anectine - E.S.T. program compares favorable with that available in any private hospital in its safety and maintenance.
- (G) The patient hospital stay time has been markedly shortened for depressed patients. If certain problems of cooperation between the Department of Public Welfare and the Department Mental Health could be worked, then a dramatic increase in releases of forgetful patients could be achieved.

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- (H) The "diarrhea control plan" has resulted in no deaths amongst seniles for the first year in five years endemic Flexner's Bacillus Dysentery.
- (I) The drug program has been specifically and intentionally curtailed due to lack of registered trained nurses. Patients who do need tranquilizers are given them promptly.
- (J) There were three functioning dynamically oriented groups, during the year. Attendant personnel is interested that this program to continue.
- (K) A "charge attendant - senior physician" conference is held once a week. This conference, in our opinion, has been the single most important factor in producing a more, meaningful understanding of psychotherapy by attendants. With improved interpersonal relationships there is less incontinence and some patients get well enough to leave for nursing homes. It must be emphasized that the beginning for this approach and the cultivation of attitudes was initiated under the enthusiasm of Dr. Ruth Ehrenberg. The former head of the geriatric service. We have not found regrouping of chairs to assist the development of inter-relationship altho no extensive trial was made. It seems to us that the active participation in a ward group with an understanding leader (the charge attendant specifically) is the most effective means of treating mental illness on the ward. Mixing of males and females seems to be helpful.

DENTAL DEPARTMENT - Joseph Fleming, D.M.D., Head of Department

In November, 1956, the Dental Department moved into its new dental suite in the Medical-Surgical Building. The suite consists of four operatories, a sterilizing room, X-ray unit, dental laboratory, surgical room with recovery room. We still maintain a single operatory in the Reception Building.

Our staff consists of two full-time Dentists, a Dental Hygienist and a Dental Assistant. At thistime, we request the addition to the staff of another Dental Assistant and another Dental Hygienist.

No. Patients Seen	3740
No. Operations Performed	6264
Restorations	377
Prosthetic Appointments	516
Dentures Completed	25
Dentures Repaired	23
Anesthesia Used	426
Extractions	584
Cases in O.R.	1
Patients Sent to X-ray	28
No. X-rays Read	35
Miscellaneous Treatments	5
Alvioplastis	17
Consults	36
Examinations	2193
Sutures Placed	149
Sutures Removed	149
Radicular Cysts	48
Fractured Jaws Treated	15
Post Operative Operations	199
Periodontal Treatments	1596
Dentures Marked and Cleansed	202
Biopsy	1

RESEARCH DIVISION

James Mann, M.D.

Director of Psychiatry and Director of Research

The Research Research Division, currently operates with six separate units. These are described below. It is not possible in a report like this to do justice to the many research activities under way at this hospital. There is so much to be known in psychiatry and so few people free from service activities to be able to devote to investigative study, that much more effort in this area is still needed. It can be seen from the nature of the projects reported below that the research activities of the hospital are extensive and expanding all of the time. A full time Research Director to supervise these activities and to provide for orderly communication between units is most urgently needed.

The hospital gratefully acknowledges the support of its Research Advisory Council in connection with each of the various projects and, in particular, its consultants in research, Dr. Roy G. Hoskins, Dr. William B. Castle, Dr. Elvin V. Semrad, and its special consultants that it has used in projects mentioned below.

1. Psychotherapy Unit

This unit operates from State funds and has six employees, headed by a Senior Psychiatrist and Director of Psychological

Research on the Department of Mental Health payroll.

Staff Psychiatrist, Dr. Davide Limentani, has been involved primarily in studying and writing for publication materials in three areas:

1. Psychotic Reactions associated with Pregnancy and Puerperium.
2. Supervision of Group Therapy in a Group Setting in collaboration with Dr. Blau.
3. The Leader Recorder Relationship in Group Therapy, in collaboration with Miriam Putlack and Max Day, M.D.

Dr. Louis Sorrentino conducted a "Sparine Project."

A research study to evaluate one of the new "tranquilizers", promazine, (trade name "Sparine") was conducted during the summer of 1956 on the chronic male aservice. Special permission was obtained from the responsible relative of 24 patients. 12 patients were given Sparine, while the remaining half received placebos.

Observations of the patients were made before, during, and after the course on the drug. While promazine has been used on acute psychotic patients, this was one of the first controlled studies on chronic patients. Some clinical improvement was noted, but this was not remarkable and difficult to evaluate. The study emphasized the difficulties of psychiatric evaluation, a key factor in research.

The research team was composed of ward and laboratory personnel, nursing service, Mr. Clifford Cassidy, psychologist, and Dr. Sorrentino. A grant from Wyeth Company was made to the hospital.

Dr. David Blau, in collaboration with Dr. Harold G. Wilson, has been studying the effects of Thorazine on chronic patients, comparing its action with other organic therapies,

Dr. Alexander P. Hyde has been following up in an Out-Patient Treatment Program patients released from the Geriatric Service.

Dr. Brooks S. White, in collaboration with Dr. Frank Wills and Dr. Rose Winston, has been studying the effects of Tri-Iodo*Thyronine (Cytonnell) on Schizophrenics.

Mr. Chris Fried has been studying the "Perpetual testing of Paranoid Women," a study of the application of Freud's theories on Paranoia and Homosexuality.

21 Rehabilitation Units

The Rehabilitation Unit comprised two major studies that are being carried out in cooperation with the Harvard School of Public Health. The action phases of the Pilot Study in Rehabilitation, begun in 1951, were concluded in 1956. At the present time, Dr. Ralph R. Notman, Director

of that project, working under a Career Grant from the National Institute of Mental Health, is writing a monograph reporting these studies in collaboration with Dr. Richard Williams of Washington, D. C. It is anticipated that during the coming year a book will be available describing these most interesting and detailed research investigations that involve nearly 200 patients followed and studied intensively over a period of years.

Community Health Project

During the fiscal year July, 1956 through June, 1957, the Harvard Community Health Project, under the direction of Dr. Ozzie G. Simmons, Lecturer on Social Anthropology, terminated its first series of longitudinal case studies, which were initiated in October, 1954. These case studies, which consist of frequent interviews with former patients and their community associates prior and subsequent to release from Boston State Hospital and the Massachusetts Mental Health Center, investigate the factors that facilitate and/or impede the rehabilitative process. This first series constituted a pilot study for a new series, initiated in March, 1957, which are being conducted according to a relatively more structured study design with considerably narrower foci of interest than characterized the discovery-oriented pilot study.

Other research activities engaged in during this past year include the completion of a follow-up study of patients and

relatives three years after release from the hospital carried out in collaboration with the Boston State Hospital Pilot Study in Rehabilitation, and completion of the field phase of a new special study, which was designed on the basis of findings obtained in the longitudinal case studies and the follow-up studies. In this new study, Project personnel have interviewed a large sample of relatives of former patients released to the Boston metropolitan area in 1955 from nine state hospitals, three V.A. hospitals, and one private hospital.

Several important staff changes occurred during this past year, Dr. James A. Davis, Research Associate in Sociology, resigned in September, 1956, to accept an appointment at Yale University, and Dr. Howard E. Freeman, formerly with the Rand Corporation, joined the staff to replace him. Dr. Katherine Spencer resigned this June as Research Associate in Anthropology and Director of Case Studies to accept a full-time position with the Boston University School of Social Work. Dr. Mark Zborowski, who has conducted long-term research in physical rehabilitation under the auspices of the Russell Sage Foundation, has been appointed Research Associate in Social Anthropology and Assistant Project Director. Dr. Stanley H. Cath, staff psychiatrist, resigned in June to devote himself to full-time private practice. Other staff members who continue with the Project are Drs. Leota L. Janke and Herbert Naboisek, psychologists, and Miss Dorothy M.

Mathews, social worker. Three new additions to the staff as research assistants are Mrs. Suzanne Vogel, social worker, Mr. Edward Kohn, anthropologist, and Mr. Bernard Bergen, sociologist.

The Project recently received a new grant from the National Institute of Mental Health which provides support until July, 1961.

3. Neurobiological Unit

The Neurobiological Unit, under Dr. Leo Alexander, continued to operate during the past year with a grant from the New England Foundation for Multiple Sclerosis. Studies were made analyzing the treatment given to a group of multiple sclerosis patient numbering nearly 500 over a period of six years with follow-up. In addition, studies were made of various new forms of drugs and their action. This culminated in a series of published papers that were given in this country and abroad by Dr. Alexander in Brussels and in Zurich during the past year. A manuscript for a book on Treatment has been accepted for publication by Charles Thomas, Springfield, Illinois, and will appear the following year.

4. Boston University Unit

During the past year a new method of study has been employed in approaching the problem of mental disturbance. Basically it is merely the application of self-confrontation--

seeing ourselves as others see us--in an attempt to learn more about psychotic thinking and behavior. Although the primary purpose of this research project has been to gain further knowledge of the psychosis, potential therapeutic effect has been anticipated.

Methods

The work has been carried out in specially designed rooms in the Reception Building at Boston State Hospital. Patient-subjects are brought to the project work rooms where they are photographed with Polaroid still photographs and motion pictures. Shortly afterward the patient is shown these pictures of himself or herself. Other photographs and recordings are taken during interview sessions. The patient's reaction to seeing himself is carefully observed. Pre- and post psychological tests are carried out. The clinical progress of the patient is followed. Follow-up interview sessions are arranged for patients who leave the hospital.

Results

Nearly all of the patients studied thus far seem to recognize themselves when they are shown photographs of themselves taken during psychotic episodes. Their individual reactions vary. Some dislike the pictures of themselves, say they are terrible. Others seem amused at seeing themselves; some show little concern or refuse to look at the pictures. A few patients who have seen pictures of themselves taken when they were mentally disturbed apparently react in a favorable way. They improve clinically. Some have moved rapidly and dramatically in the direction of

of health. They have recovered from the acute psychotic episode, have gone home and returned later to discuss the pictures taken when they were in the hospital.

A number of the subjects seemed to move out of the psychotic state or drop some of their symptoms immediately following the experience of confrontation with pictures of themselves. Some, however, lapse into the original level of disturbance and later do not seem to respond to the photographs or self-image stimuli.

When the idea of self-confrontation as a method of study and treatment was conceived, several questions were asked. Would patients respond to seeing themselves in a discernible way? What would they see in pictures of themselves? How do disturbed individuals think of themselves--their appearance, behavior, speech? Would this experience contribute to their improvement? or not? Which patients will respond or benefit from the experience of self-confrontation? Which will not? How will patients' relatives and the hospital staff feel about the procedures used.

Some of these questions are being answered. Patients see images of themselves and respond in a discernible way. The manner in which they respond seems to be unique for mentally disturbed patients. In some instances patients seem to be strongly motivated to modify their thinking and behavior and in some instances this is definitely toward health. In

general patients' relatives and staff members accept the technique of photographing and recording as an approach to the problem of mental illness.

Many other questions, including what do patients really think and feel as a response to seeing pictures of themselves? Why do they react? What types of illnesses respond more readily or less readily?--these and many other questions remain unanswered at present.

Plans

The research project will continue the rest of this year with the support of an anonymous grant administered by the Department of Psychiatry at Boston University School of Medicine. It is hoped that further financial support can be obtained so that the study can be continued in the future.

The work done thus far has produced results that would seem to justify continuation of the project in its present design. However, two additional lines of investigation are needed at this point in order to amplify the information currently being obtained. First a large series of subjects should be studied. This will provide sufficient sampling to indicate the types of psychotic individuals who are more or less likely to respond to the self-confrontation stimulus. Secondly, individual interviewing in a psychotherapeutic setting is needed so that more may be learned about the thinking and feeling of the patients who see pictures of themselves. Information of this type will add to the under-

standing of the meaning of self-confrontation to the individual patient. Knowledge from these sources may be used in a general approach, utilizing self-confrontation techniques in the study and treatment of a variety of psychotic entities.

5. Laboratory Research

Dr. Naomi Raskin, Director of the Laboratory, carried out studies during the year that were published in the field of senescence, Alzheimer's Disease, agranulocytosis (?) in patients treated with Thorazine, and in the general study of cerebral arteriosclerosis.

The Laboratory, of course, cooperated with many other studies in providing technical assistance for the clinical investigations reported elsewhere.

6. Cooperative Research

The hospital makes available its facilities to other groups. The Massachusetts for Mental Health, Mrs. Irene Malamud, and Dr. Graub, are carrying out an investigative study in the analysis of records.

The Department of Public Health carried out research investigations in to the titres of blood in older patients for Type A, Asiatic flu virus.

Boston State Hospital patients are being studied as a control group by Drs. Milton Greenblatt and Dr. Brooks of the

Boston Psychopathic Hospital.

7. Drug Research

A cooperative research project carried out under auspices of Dr. Chester Bennett of Boston University in association with the Boston State Hospital Staff has been exploring a particular affect of the application of drugs. Mr. Brody of the Psychology Department of Boston University, a candidate for a Ph.D. was the principle investigator working under Dr. Blau and Dr. Arsenian of the Boston State Hospital staff. Two students, normal college students, were extensively studied in a number of observations in different dosage levels and at different intervals after administration. This was a pilot study to demonstrate the effects of the drug on normals hopefully to show the way that a more intensive project might gain valuable information about drug action.

8. Research in Somatatypes

The hospital is presently developing a design in cooperation with Dr. Emil Hartl who studied somatatypes of different patient groups and of normals using graduate students. Dr. Emil Hartl has published work in this field extensively in both books and scientific studies including juvenile delinquents. This will further extend the knowledge of somatatypes to psychotic sub groups.

Next year, the hospital will carry out two additional studies,

1. The Home Care of Acute Psychotic Patients under a grant from the National Institute of Mental Health under the direction of Dr. Tobias Friedman and a staff of workers. A section of Boston will be utilized as the experimental area to which the emergency team will go when notified of case needing admission to the hospital. They will endeavor to treat the patient on the spot and see if he can be carried on an Out-Patient basis rather than admitted to the institution.
2. A Geriatric Survey is contemplated if grant supported can be obtained to study patients admitted to this hospital in comparison with patients admitted to the Pearl Geriatric Clinic under the direction of Dr. Robert Munroe and to the Department of Public Health supervised Nursing Homes in the city.

PUBLICATION

1. Alexander, Leo, M.D. Annals of the New York Academy of Science. Vol. 67, Article X, pp. 671-894, entitled "Meprobamate and Other Agents Used in Mental Disturbances." (In the offprints of May 9th, 1957, this consists of pages 758-766.)

2. Barton, Walter E., M.D. Family Care and Out-Patient Psychiatry. Review of Psychiatric Progress, 1956. American Journal of Psychiatry. 113:643-644. January 1957.

3. Barton, Walter E., M.D. A Psychiatric Team in Action. Mental Hospitals, Vol. 7, pp. 3-9 Centennial Papers, St. Elizabeth's Hospital, 1855-1955, a Book Review. September 1956.

4. Blau, David, M.D.
Schlessieger, H., M.D. Psychiatric Study of a Retraining Command. Armed Forces Medical J., March 1957. Vol. 8, 397-405

5. Chittick, Ruppert A., M.D.
Goodman, Lillian R., R.N., M.S.
Robinson, Alice M., R.N., M.S. Nursing Education in a Mental Hospital. Mental Hospitals, Vol. 9, pp. 8-9 March 1957.

6. Day, Max, M.D. Some aspects of Work, Love and Hate in Groups. Proceedings of the Rabbinical Assembly of America. 20:235-251, 1956.

7. Goodman, Lillian R., R.N., M.S. Personnel Relationships Affect Nursing Care. Nursing World, Vol. 131, pp. 30-32, June 1957.

8. Limentani, Davide, M.D. Symbiotic Identification in Schizophrenia. Psychiatry, 19: 231-236, August 1956.

9. Mann, James, M.D. The Contribution of Sigmund Freud to the Understanding of Psychosis. Acta Medica Orientalia, July 1956.

10. Raskin, Naomi, M.D.
Ehrenberg, Ruth, M.D. Senescence, Senility and Alzheimer's Disease. American Journal of Psychiatry 113:133-137. August 1956.

11. Raskin, Naomi, M.D. Agranulocytosis in Patients Treated with Thorazine. Report of a Fatal Case. American Journal of Psychiatry. 113:991-992, May 1957.

12. Raskin, Naomi, M.D.
Ehrenberg, Ruth, M.D.

Cerebral Arteriosclerosis. American
Practitioner and Digest of Treatment
Vol. 7:1095-1096, July 1956.

PAPERS PRESENTED

1. Alexander, Leo, M.D. Conference on Meprobamate
New York Academy of Science, N.Y.C.
October 18-19, 1956. Differential
Effects of Tranquilizers.
2. Alexander, Leo, M.D. Eastern Psychiatric Research Assoc.
Vice President "Treatment of Neuro-
psychiatric Disorder with Sedac".
with Dr. Morris Moore, New York
Academy of Science, N.Y.C.
February 14, 1957.
3. Barton, Walter E., M.D. "Trends in Psychiatric Rehabilitations".
Veterans Administration Hospital Seminar
Roanoke, Virginia, October 16, 1956.
4. Barton, Walter E., M.D. "Trends in Psychiatric Rehabilitations"
Pittsburg Veterans Administration
Hospital. November 1, 1956.
5. Barton, Walter E., M.D. "Psychiatric Aspects of Occupational
Health". Boston University Medical
School, Jr. Class. November 7, 1956.
6. Barton, Walter E., M.D. "Factor in Personality Change".
Bedford Veterans Administration Hospital
December 14, 1956
7. Barton, Walter E., M.D. "Administration in a Public Mental
Hospital". Columbia University Course
for Hospital Administration, New York
Psychiatric Institute. January 8, 1957
8. Barton, Walter E., M.D. "Concepts of Rehabilitation in
Psychiatric Care". Yale University
and Connecticut State Hospital Resi-
dents Training Course, Middletown Conn.
January 21, 1957.
9. Barton, Walter E., M.D. "Changing Patterns in Mental Hospital
Care". Metropolitan State Hospital
Seminar, Waltham, Mass. Feb. 14, 1957
10. Barton, Walter E., M.D. "Current Trends in Psychiatric Re-
habilitation". Brockton Veterans
Administration Hospital Seminar.
February 20, 1957
11. Barton, Walter E., M.D. "Rehabilitation of the Mentally Ill".
Mass. Rehabilitation Conference, Boston
March 15, 1957

12. Barton, Walter E., M.D. "Trends in Psychiatric Rehabilitation".
Harvard School of Public Health,
March 26, 1957
13. Barton, Walter E., M.D. "Mental Hospital in Action".
Veterans Administration Hospital
Center, Biloxi, Mississippi
April 10-11, 1957. Two Day Institute
14. Barton, Walter E., M.D. "Some Observations on Administration
as it Influences Therapy".
Annual Meeting of American Psychiatric
Association, Chicago Illinois.
May 13-17, 1957
15. Barton, Walter E., M.D. "Rauwolfia Derivative". A controlled
study with Drs. M. Malamud, A. Fleming,
P. Middleton and T. Friedman.
16. Barton, Walter E., M.D. "Chronic Mental Illness". Panel
Discussion with Dr. Ralph Notman.
17. Barton, Walter E., M.D. "Therapy in Hospitals". Panel
Discussion
18. Barton, Walter E., M.D. "Communication in Rehabilitation".
Boston University Psychology Dept.
June 6, 1957

MEETINGS ATTENDED

1. Blau, David, M.D. Northeastern Group Psychotherapy Association.
2. Cohen, Jonas, M.D. Seminars at Psychoanalytic Institute. Mass. Society for Research.
3. Davidson, Edwin M., M.D. Seminars for Psychiatric Training Faculty. Mass. Society for Research.
4. Geller, Louis, M.D. Institute of Psychiatric Treatment.
5. Hyde, Alexandria, M.D. Council on Aging.
6. Kahn, Richard, M.D. Institute of Psychiatric Treatment. Seminars at Psychoanalytic Institute. Mass. Society for Research.
7. Kaufman, Paul, M.D. Institute of Psychiatric Treatment. Seminars at Psychoanalytic Institute. Mass. Society for Research.
8. Porter, John H., M.D. Institute of Psychiatric Treatment.
9. Prager, Alan, M.D. Institute of Psychiatric Treatment. Seminars at Psychoanalytic Institute.
10. Sack, Theodore, M.D. Seminars for Psychoanalytic Training Faculty.
11. Stocking, Myron, M.D. Institute of Psychiatric Treatment. Seminars for Psychoanalytic Training Faculty.
12. White, Brooks S., M.D. Panel on Social Deviates. Worcester State Hospital.

PUBLICATIONS IN PRESS

1. Alexander, Leo, M.D. Chemotherapy of Depression. Submitted to the Archives of Neurology and Psychiatry.
2. Alexander, Leo, M.D. Multiple Approaches to Treatment in Schizophrenia and Discussion of Indications. Submitted to the Archives of Neurology and Psychiatry.
3. Alexander, Leo, M.D. Prognosis and Treatment of Multiple Sclerosis. A Quantitative Mesometric Study. Submitted to the Archives of Neurology and Psychiatry.
4. Alexander, Leo, M.D. Objective Approaches to Treatment in Psychiatry. A Book. To be published by C. R. Thomas.
5. Barton, Walter E., M.D. Observations on the Therapeutic Aspects of Administration in Public Mental Hospitals. To be published in the American Journal of Psychiatry.
6. Malamud, William, M.D.
Barton, Walter E., M.D.
Fleming, Alice M., M.D.
Middleton, Peter, M.D.
Friedman, Tobias T., M.D.
Schleifer, Maxwell J., Ph.D. The Evaluation of the Effects of Derivatives of Rauwolfia in the Treatment of Schizophrenia. To be published in the American Journal of Psychiatry.
7. Raskin, Naomi, M.D. Translation of S. S. Korsakoff's "On the Anatomy and Psychology of Microcephalics. To be published in Archives of Pediatrics.
8. Raskin, Naomi, M.D. Myotonia Dystrophica; Report of Four Cases with Post Mortem Findings in Three Cases. To be published in Archives of Pediatrics.

TEACHING ACTIVITIES

STUDENT TRAINING

Listed are those students who were enrolled in field training courses at hospital. These vary from a minimum of one entire day per week throughout the school year to full-time. Not included here are such one or two-hour classes that meet at hospital as:

Tufts Medical School - 3rd year - Weekly Clinic - entire class

B.U. " " " " " " " "

Boston School of O.T.- 1st year - " " " "
(Psychiatry)

and many other similar sessions for schools and colleges that may have less frequent field experiences at hospital.

In Residence
at one time
(average)

Total Students
during fiscal year ending
June 30, 1957

Medical

15	Psychiatric Residents	15
	Under D.M.H. or Federal Stipend	
	Psychiatric Training Faculty	
1	Surgical Resident Beth Israel Hosp.	2
2	Tufts Medical School 4th year clerkship	16
1	B.U. Medical School 4th year clerkship	6

Nursing

	Affiliate Nurse Group		
20	St. Elizabeth's Hospital	82	<u>214</u>
15	Boston City Hospital	58	
5	Truesdale Hospital	23	
5	Mercy Hospital	20	
4	Beverly Hospital	16	
4	St. Luke's Hospital	15	
II	Graduate Nurse Degree Group		<u>II</u>

Social Work

In Residence
at one time
(average)

Total Students
during fiscal
year ending
June 30, 1957

2	Boston University	2
2	Boston College	2
1	Simmons College	1

Psychology

1	Boston University	1
2	Harvard University	2

Occupational Therapy

2	Boston School of O.T.	7
1	University of Illinois, School of O.T.	3
	(Richmond, Va. Professional Institute	1
	(London, Eng. Occupational Therapy	3
	(College	
3	(Michigan State Normal College	1
	(University of New Hampshire	1
	College of St. Catherine, St. Paul, Minn.	2

Music

4	N.E. Conservatory of Music	4
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Chaplains

20	Institute of Pastoral Care	20	
20	B.U. School of Theology	40	
15	St. John's Seminary	15	369
<u>156</u>			
Total			Total

Medical - 15 Psychiatric Residents, from the Psychiatric Training Faculty of Massachusetts, Inc. received training at the hospital in their first year, during the last year. These Residents receive their stipends from the Department of Mental Health or from the United States Public Health Service Fellowships.

Teaching faculty for the medical group included the following:

Walter E. Barton, M.D. - Associate Professor of Psychiatry,
Boston University School of Medicine

James Mann, M.D. - Director of Clinical Psychiatry,
Assistant Professor of Psychiatry,
Boston University School of Medicine

John M. Mackenzie, M.D. - Assistant Medical Director,
Assistant Professor of Psychiatry,
Tufts University Medical School

Max Day, M.D.

Davide Limentani, M.D.

Ralph R. Netman, M.D.

and others, held instructorships
at the medical schools - Tufts and
Boston University

In addition to the Resident faculty members, Psychiatric Residents received supervision from physicians in practice of recognized stature as psychotherapists.

All third year medical students from both Boston University and Tufts University Medical Schools came to the hospital for a weekly psychiatric clinic, and many fourth year students from both of these schools came for a one month's clinical clerkship.

Beginning in October, 1956, the Medical Executive Committee officially approved an affiliation in Surgery with the Beth Israel Hospital. Through this arrangement, in cooperation with Dr. Jacob Fine, Chief of Surgery at the Beth Israel Hospital, a fourth year resident in surgery, was assigned to the Boston State Hospital for a period of six months.

The following table will indicate in a small measure the enormous amount of teaching time taken by the Senior Staff to supervise Psychiatric Residents and other therapists doing individual or group therapy. They are arranged in alphabetical order:

<u>Supervision Hours</u>		
	Dr. Blau	100
	Dr. Davidson	5
	Dr. Day	240
	Dr. L. Geller	46
	Dr. Hyde	109
	Dr. Linnell	49
	Dr. Mackenzie	240
	Dr. Mann	30
	Dr. Porter	236
	Dr. Rees	3
	Dr. Sorrentino	3
	Dr. White	135
	Dr. Wilson	97

Nursing - Affiliate Nurse student. A total of 214 student nurses were enrolled for the basic course in psychiatric nursing. This included a 12 weeks' affiliation for each group. Presentation of certificates was discontinued during the year as it was felt to be a part of the total student program. The annual meeting of Directors and Faculties of the home schools with the affiliate school faculty was held in April of 1957. Representatives of our faculty have participated in curriculum meetings with some of the home schools.

Graduate Nurse Program - 11 candidates for Masters Degrees at the Boston University School of Nursing did their field work experience in the A and I-Buildings.

Social Service - The number of students available for field training has been dropping in the last few years. Only one student social worker at the Briggs Clinic from Simmons College wrote her thesis on the topic "The Intake Process at the Briggs Clinic."

Psychology - Dr. John Arsenian held appointments as Research Associate in Psychology in the Department of Social Relations at Harvard University and a similar title in the Department of Psychiatry at Harvard University. He was the Assistant Professor of Clinical Psychology in the Department of Psychology at Boston University and a Research Assistant at the Pilot Program on Delinquency of the Judge Baker Guidance Center and Instructor at the Boston School of Occupational Therapy.

Harvard University graduate students participated in an evening seminar under a U. S. P. H. S. grant for training in Psychology during the past year. Two research associates from Harvard University conducted their research studies on Male Paranoid Schizophrenics using a modified word and picture association test. One student from Dr. Bennett's program at Boston University conducted research in Basic Psychological Aspects of Normals Under Tranquillizing Drugs.

The department spent 213 hours in teaching activities during the year.

Occupational Therapy - There were 18 occupational therapy students in training for an affiliation period, the shortest of which was two months, the average of which was 3, and one school had a four months' affiliation period. The London Occupational Therapy School and Michigan State Normal College used this hospital as an affiliation center for their students for the first time. The schedule provided practical clinical experience in the major occupational therapy under the supervision of a trained therapist and the Head Therapist. Weekly meetings were also held with staff physicians. Two Boston Occupational Therapy School senior students completed a special study entitled "The Comparison of Directed and Non-Directed Group Activity with Psychotics." This was supervised by the Head Occupational Therapist. The department, of course, participated actively in the teaching of other departments - residents, medical students, student nurses, attendants, social service students, clinical pastoral students and music therapy.

WEST O.T. + MIMEOGRAPH DEPARTMENT

The mimeograph unit is operating now with a full compliment of 17 patients. There are 9 men and 8 women coming from all areas of the hospital, as well as 2 patients who are living outside the hospital but returning for their industrial placement. With the advent of more equipment, the unit has a potentiality for about 20 to 25 patients.

One of the greatest improvements in the unit this year has been in the increase of typewriters.

The goals of the program are essentially that of a rehabilitation and training program in a realistic work situation. During this year we were able to start placing patients in different offices occasionally to help out when needed.

The therapist has attended meetings with all services that send patients to work here.

The plans for the unit are to eventually increase the time the patients are here, from 4 half-days a week to a full-day 5-day week. We are still seeking as much office equipment as we can get, mostly typewriters; however, we still need office desks, filing cabinets and general equipment of that nature. The graphic art department, that is the area that does signs, posters or general display work, needs a great deal of equipment. This has been requested in the budget. This year, we will need to increase space that the unit now occupies. Great effort should be made towards setting up similar programs in other areas, vis., ceramics, painting.

The special activities this year included a group consisting of the patients in this unit who met once a week with the therapist in a group setting. This was stopped because of change over in the patient group and the complexity of having the group leader in the dual role of industrial therapist. This year the group also initiated on its own a glee club, which approximately one-half of the patients attended once a week. This also was stopped when they became disinterested.

Music - The Director of Affiliate Training in Music Therapy, A. Flagler Fultz, supervised the field training of four students from the New England Conservatory of Music. These students are enrolled in a clinical course working toward their Bachelor of Music in Music Therapy at the Conservatory. Such activities as live concert music, and goal directed listening, studying of applied vocal music, studying applied music, instrumental, community sings, ward sings, glee clubs, music therapy clubs, and various other musical situations are part of this program. The first graduate of this degree program in June, who received his clinical training at Boston State Hospital is presently employed as Director of Musical Therapy at the Metropolitan State Hospital, Children's Unit.

Chaplain - The Institute of Pastoral Care conducted a 12 weeks' full-time program during the summer months of graduates of theology schools from all over the country. An intensive training course with supervised field experience was provided.

A new affiliation with the Boston University School of Theology was arranged during the past year. The entire class came to the hospital in two sections, one for a full day on Monday, the other for a full day on Fridays. About half of their time is taken up with presentation of seminars and discussion, and the other half with actual work, under supervision, with patients.

Another new program initiated during the year was the regular visitation of the Deacon Class and other Seminarians from St. John's Seminary on a weekly basis every Thursday. Lectures and Seminars were conducted by Dr. Mackenzie, the Assistant Superintendent, and followed this with ward visitations and practical contacts.

Thus it can be seen that the full-time students enrolled in the various schools conducted here, at all times, comprised a student group of 156, that the total number of students engaged in such full-time class instruction during the year was 369.

In-Service Training

Health Management enjoyed an exceptionally fine course in Labor Management Relationships under the sponsorship of the Department of Mental Health and Holy Cross College. Stewards, Superintendents, and Directors of Nursing were privileged to take this stimulating course.

Other teaching activities sponsored by the Department of Mental Health included Management Conferences for the Head Dietitian, a Psychiatric Occupational Therapy Institute during the months of October and November attended by the entire department, and regular meetings for Social Work Directors, Psychology Directors, Nursing Directors and Occupational Therapy Directors.

At the hospital level, the following training courses were significant:

- I. An Orientation Class on the first Monday of every month for a full day for all new employees.

2. 37 Aides completed the Advanced Aide Course given to all 3 shifts of employees in the day.
3. 99 new employees on the Nursing Service completed a basic two weeks' job entrance preparation course. This was repeated every month.
4. 10 Head Nurses participated in weekly group sessions for graduate nurses.
5. The Dietary Service in addition to its weekly supervision conference, held a basic course for Dining Room Attendants beginning in May.
6. Weekly staff training conferences are held by the Occupational Therapy Department throughout the year.
7. Special training was provided for a Head Nurse beginning in February of 1957 at Massachusetts General Hospital for electrocardiography and electroencephalographic technical work, and at the Beth Israel Hospital in Basal Metabolic work. This was necessary as no trained specialists were available in this field to carry on the important activities of the hospital's diagnostic service.

There are, of course, many other teaching activities of the hospital that are a part of this program that have not been mentioned, but these are the most significant ones.

An outstanding joint meeting to which all professional treatment group members come together is, of course, the teaching staff conference on Tuesdays and Thursday mornings, and the Wednesday seminar session, which programs follow:

<u>Date</u> 1956	<u>Speaker</u>	<u>Topic</u>
Sept. 12	A Family Affair	New Motion Picture on Family Relationship.
" 19	James Mann, M.D. Dir. of Clinical Psychiatry Boston State Hospital	Impression gained in a year abroad.
" 26	Walter E. Barton, M.D. Supt., Boston State Hospital	Changing Patterns in Mental Hospital Care.
Oct. 3	Dana L. Farnsworth, M.D. Dir., Harvard University Health Service	Psychiatry in Relationship to Schools & Colleges.
" 10	Rudolph Kaldeck, M.D. Dir. of Clinical Psychiatry Myles Standish State School	Treatment of Emotional Disorders in the Mentally Retarded.
" 17	Russell G. Oswald, Commissioner, Department of Correction	The Philosophy of Management of Criminals.
" 24 8:30 PM	Combined Staff Meeting Visiting & Regular Staff	Progress in Therapy.
Oct. 31	Leo Alexander, M.D. Director, Neurobiological Research Unit Boston State Hospital	New Facts about Multiple Sclerosis.
Nov. 7	Jack R. Ewalt, M.D. Commissioner, Department of Mental Health	"The State Mental Health Authority"
" 14	Charles M. Fisher, M.D. Asst. Clinical Professor of Neurology, Harvard Medical School	"Critical Appraisal of the Therapy of Cerebral Vascular Disease"

Special

Nov. 19

Monday

8:15 PM

- | | |
|---|--|
| Robt. Johnson, Jr. Memorial
Lecture
Frank Braceland, M.D.
President, American Psy-
chiatric Association | "Schizophrenia
& Historical Perspectives" |
| Nov. 21 New Psychiatric Film | "Still Going Places"
(Management of Disability
in the Aged). |
| " 29 Charles Bradford, M.D.
Senior Visiting Orthopedic
Surgeon | "The Mechanical Trans-
mutation of Modern Life" |
| Dec. 5 Irving Kaufman, M.D. | "Understand ^{ing} Character
Neuroses" |
| " 12 Bernard Bandler, M.D.
Assoc. Prof. of Psychiatry,
B.U. Medical School | "Short-term Psychotherapy" |
| " 19 Elizabeth R. Zetzel, M.D.
Boston Psychoanalytic
Institute | "Dreams and their Relation-
ship to Psychotherapy" |
| " 26 Robert H. Hermanson, M.D.
Radiologist B.S.H. | "Pulmonary Tuberculosis" |
|
<u>1957</u> | |
| Jan. 2 Frederic L. Wells, Ph.D.
Formerly of Psychopathic
Hosp. & Harvard University | "Contribution of Psychology
to the Practice of Psy-
chiatry" |
| " 9 Lawrence K. Frank, Ph.D.
Formerly Director,
Caroline Zachary Institute | "Relation of the Individual
to an Organization
and the Organization
to an Individual" |
| " 23 Leo Alexander, M.D.
Director, Neurobiologic
Research Unit, B.S.H. | "Report on Recent Research
in Multiple Sclerosis" |
| " 30 Ozzie G. Simmons, Ph.D.
Herbert Naboisek, Ph.D.
Dorothy Mathews, M.S.D.
Community Aspects of Re-
habilitation Research
Project. | "Types of Post-hospital
Experience" |

- Feb. 6 Hudson Hoagland, Ph.D.Sc.D. "Some Biochemical Aspects of
Executive Director,
Worcester Foundation for
Experimental Biology
- " 13 Gregory Rochlin, M.D. "Problems of Depression"
Director, Child Psychiatry
Unit
Mass. Mental Health Center
- " 20 Eleanor Pavenstedt, M.D. "The Influence of Maternal
Boston University Maturity and Immaturity
on Child Development"
- " 27 Joseph Fischmann, M.D. "Impotency and Premature
Asst. Prof. of Urology, Ejaculation: Urologic or
Tufts Medical School Psychiatric Problems"
- Hyman Hershman, M.D.
Asst. in Urology, Beth
Israel Hospital
- Both Visiting Surgeons BSH
- Mar. 6 William Malamud, M.D. "History of Psychiatry"
Professor of Psychiatry,
B.U. Medical School
- " 15 Ralph Kaufman, M.D. "Combat Psychiatry" with
Friday Mount Sinai Hospital, motion picture film.
11 A.M. New York City
-1 P.M.
- Mar. 20 Doris Menzer Benaron, M.D. "Menstrual Irregularities"
Peter Bent Brigham Hospital
- " 27 Joseph Wassersug, M.D. "Chest Pain - A Psycho-
Tufts Medical School somatic Problem"
Visiting Physician,
Boston State Hospital
- Thurs.
Apr. 11 Rev. Father John C. Ford, S.C. "The Role of Hospital
Prof. of Moral Theology, Personnel in Alcoholism"
Weston College
- " 17 Harry C. Solomon, M.D. "Leaders of American
Superintendent, Psychiatry"
Mass. Mental Health Center.
Pres.-Elect, American
Psychiatric Association

April 24	Ralph R. Notman, M.D. Director, Pilot Study in Rehabilitation	"Research in Rehabilitation"
Friday April 26 2 P.M.	Ewald W. Busse, M.D. Professor of Psychiatry, Duke University Durham, North Carolina	Meeting of N.E. Psychiatric Society at Boston State Hosp. "Management & Recent Advances in Understanding Problems of the Patient over 60 with Psychiatric Illness."
May 1	Rev. Samuel H. Miller, Minister, Old Cambridge Baptist Church. Faculty, Andover Newton Theological School	"Religion and Psychiatry"
" 8	Morris Schwartz, Ph.D. Formerly, Chestnut Lodge. Joint Commission on Mental Illness & Health	"Patterns of Patient Care"
" 15	No Meeting.	A.P.A. meets in Chicago.
" 22	Robert J. Lifton, M.D. Dept. of Psychiatry, Mass. General Hospital	"Psychiatric Aspects of Chinese Communists' Thought Reform"
" 29	Stanley Mikal, M.D. Tufts Medical School. Visiting Staff in Surgery, Boston State Hospital	"First Aid & Civil Defense"
June 5	"Man in Shadow"	New 16 mm. film of Armstrong Circle Theatre Telecast
" 12	"Children Who Love" "The Medical Witness"	1. New film that contrasts Okinawan children with those in our society. 2. New film produced by A.M.A. and American Bar Association.
" 19	"Someone Who Cares" "Mike Makes His Mark"	1. The Volunteer in a Mental Hospital. 2. School meets challenge of potential delinquency.
" 26	William Curran, Esquire Boston College Faculty	"Criminal Responsibility and Capital Punishment"

NURSING DIVISION - Lillian R. Goodman, R.N., M.S.,
Director of Nurses

Personnel

Key Position Changes:

Mr. John DelGrosso, R.N., Chief Hospital Supervisor, Graduate Nurse, returned from military leave in May.

Miss Mary Tudbury, R.N., B.S., resigned from the Nursing Faculty in September to study for her Master's Degree at Boston University.

Miss Kathleen Boone, R.N., B.S., was assigned to the Nursing Faculty in February, 1957.

Total Turnover of Nursing Service Personnel for 1956-57:

Nursing Service Appointments (includes 31 R.N.'s)	<u>1955-56</u> 230	<u>1956-57</u> 317
Nursing Service Terminations (includes 16 R.N.'s)	213	192

As of July 1, 1957, the following vacancies existed:

1 Hospital Supervisor, Graduate Nurse
2 1/2 Head Nurses

Education

Affiliate Nurse Students:

During the year 1956-57, a total of 21 1/2 student nurses enrolled for the basic course in psychiatric nursing. The presentation of certificates was discontinued (after 159 had been presented) as it is felt that this affiliation is a part of the total student program. The enrollment of students was as follows: Boston City Hospital, 58; Beverly Hospital, 16; Mercy Hospital, 20; St. Elizabeth's Hospital, 82; St. Luke's Hospital, 15; and Truesdale Hospital, 23.

The Annual Meeting of the Directors and Faculties of the Home Schools with the Affiliate School Faculty was held in April, 1957. Representatives of our faculty have participated in curriculum meetings at some of the home schools.

Eleven graduate nurse students, candidates for the Master's Degree at Boston University School of Nursing, did their field work experience in the A and I Buildings.

Aid Programs:

A total of 37 aides completed the Advanced Aide Course in June, 1957. All three shifts of employees were included. Dr. Walter E. Barton, Superintendent, was the speaker. Two patients participated in the graduation exercises; one played the piano, and the other sang two selections. This was well received by the group.

A total of 99 new employees completed the basic two-week orientation course. This course was given approximately every month.

Graduate Nurse In-Service Program:

Approximately ten head nurses participate in weekly group sessions with Dr. Day.

Miss K. Boone, R.N., B.S., served as coordinator and instructor for the graduate nurse classes which were held throughout the year.

Significant Events

A Building - Assignment of two mature male aides (one on day and afternoon shift) to this area has yielded dividends in terms of the patients' appearance, conduct at meal time, reduced accident rate, etc. The Supervisor, Mrs. Needle, left on Leave of Absence due to pregnancy, and Miss Mary Kearney, R.N., was promoted to the vacancy.

B Building - Wards B-7 and B-8 were opened as admissions wards for the geriatric service. Consistent efforts have been made to improve the quality of nursing care here.

I Building - With the placement of more female personnel here (both graduate and attendant nurses) there has been noticeable improvement in patient care and a reduction in the destruction rate. The Community Friends kindly furnished a day hall on the second floor which is used for small groups of patients under supervision.

G Building - Upper ward G-2 was opened as a men's ward. The goal is to restore day hall space for the male patients. The active occupational therapy program has definite positive effects on patient care here.

H Building - With the movement of patients from I and B to this building the tone has changed as all of the patients are ambulatory. Miss Olga Forsley, R.N., was assigned overall supervisor. Both men and women aides are assigned to the same wards. Wards H-7 and H-8 are rehabilitative wards now for geriatric and continued treatment patients. It is hoped that the future division of Upper H into three separate wards will enable personnel to give improved care to these patients. The renovation of the barber shop provides a more attractive and efficient facility for the patients.

Reception Building - Continued to attract and hold the largest number of registered nurses, although there is a relatively high turnover of nurses due to marriage and/or pregnancy. Mrs. Sharon Magazu, R.N., was appointed supervisor following the resignation of Mrs. Ruth Lamoureux, R.N. Ever increasing responsibilities are placed on nursing service as psychiatric treatment expands.

East Service - Mrs. Evelyn Kilduff, R.N., was assigned supervisor. The Treatment Room continues to be a problem in terms of graduate

nurse coverage chiefly due to the undesirable physical set-up. This service needs more personnel, and the ward population should be reduced, in order to give better care to the patients. Personnel do a commendable job under the present conditions.

D Building - The opening of this new medical-surgical building has made it possible to give improved nursing care to these patients. Misses Dunleavy, R.N., and Pond, R.N., are to be commended for the excellence of their supervisory performance during the "settling-in" period of this unit. The chief nursing problem here has consistently been the shortage of graduate nurses. Six wards were opened between October and June. The recruitment rate of both nurses and aides determined the opening of wards.

Miscellaneous - All Areas - There has been an increased work load on nursing personnel as the treatment program has grown. More and more medications are being given and more patients are receiving anectine shock - all of which means more demands on nursing personnel not only in giving medicines and nursing care, but in observing patients and relating to patients as they become more accessible. Due to the need for qualified people to give medications, the nursing department plans to teach as many charge attendants as possible the art and science of giving medications. The clothing situation has improved, particularly on the East Side and is being started on certain West wards.

Public Relations

Several visitors were entertained by the nursing service, such as graduate students from Rutgers University, and nurses from Israel, Canada and South America.

The Director was guest speaker at the meeting of the Public Health Nurses' Section of the MSNA at Brockton.

Professional Activities, Director of Nurses

Member - Nursing Council United Community Services (term expired)
Member - Steering Committee, Interdivisional Council of
Psychiatric and Mental Health Nursing
President - Alumnae Association, Peter Bent Brigham Hospital
School of Nursing (term expired)
Associate Clinical Professor - Boston University School of
Nursing
Member - A.N.A. and N.L.N. - attended National League for
Nursing Convention in Chicago

Major Problems

1. Industrial Accidents and Sickness
2. Tenure Law Problems
3. Maintenance and Repair
4. Ward Supervision - particularly need for more graduate nurses
5. Lack of Supplies

Goals for 1958

Improved patient care

Improved employee morale and satisfaction

Improved supervision

Contributing to the Nursing Profession

Recruiting more professional nurses

Sincere appreciation is expressed to the Superintendent of the hospital, other department heads, and all Nursing Service employees for their cooperation and assistance.

REPORT OF THE AUDITOR - Period June 6, 1956 to March 21, 1957

Accounts were found to be in order and corrections requested in the last audit complied with. Critical comments only have been recorded here.

Auditors called attention to the fact that there were certain outstanding unpaid checks from the State Payroll that should be turned in to the State Treasury to be credited to the unpaid check fund. A different method of handling liability payrolls was suggested with entering accounts received in the cash book. Replacement of the patient fund card wheel filing system was also requested with a draw type.

The auditor once again expressed his unhappiness with the fact that there were checks payable to patients that could not be cashed. Patients refuse to sign them because of their mental condition. It was suggested that the Department of Mental Health be contacted for authority to dispose of the checks in the proper manner. It was also suggested that a check be drawn from the Canteen Fund to pay the bond of the Canteen Treasurer. Difficulties in the processing of bills and requisitions with some duplication of bills were noted due to the failure of an employee to perform assigned duties. This matter had been taken care of before the report of the audit was received.

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BUSINESS ADMINISTRATION DIVISION

Avery W. Cook, Steward

Maintenance Expenses for the 1957 fiscal year totalled \$4,334,460.23, an average of \$1477.82 per patient.

These expenditures by sub-codes are as follows:

01	3,062,500.44
02	82,028.04
03	58,747.00
04	518,061.51
05	65,912.88
06	64,629.97
07	96,118.83
08	275,043.47
09	3,427.48
10	4,358.16
11	936.57
12	56,731.04
13	858.26
14	14,659.52
15	30,230.62
16	216.40

Besides the regular hospital routine a considerable amount of time was spent in the placing of purchase orders and receiving of materials and equipment for the Medical and Surgical Building. Nearly every order placed required that recommendations of awards be made. This was time consuming and required thorough investigation of the specifications and merits of each product, in order that the best equipment might be obtained. The receiving and setting up of the equipment was taken care of in an orderly fashion by a member of the storehouse staff and housekeeping personnel under the direction of the D Building housekeeper. Members of the housekeeping department worked dilligently to get the building in readiness for the receiving of patients.

Much time has also been spent working with the architects of the various capital outlay projects. Completed during this year were:

During the year we lost a valued employee by death - Mr. Henry Underhill, Florist. He not only provided the hospital with flowers and plants, but made his influence felt in many ways, especially in his program of helping patients to recover. Richard Fournier, Mr. Underhill's assistant for several years, has taken over the duties of the Greenhouse and East grounds and is doing a very good job.

Our problems continue to revolve around the need for extra help, especially at a supervisory level and in those departments faced with the responsibility for maintenance of buildings, equipment and supplies.

We would like to establish an area where all furniture could be repaired and maintained quickly, but this does not seem feasible within the near future with our present maintenance force and the lack of teachable patients.

The problems of the Laundry was multiplied by the new demands placed upon it with the many additional uniformed employees requiring individual handling of uniforms and personal clothing, extra linens, etc. We hope our request for a new Laundry building will be favorably acted upon quickly. We need additional housing facilities for medical staff - either apartments or houses, and single rooms for employees, especially female. The available room for male employees is also fast becoming inadequate and new facilities should be planned within the next couple of years.

Calculation shows that the cost for maintenance of a single patient in the hospital for the year was \$1,538.55. This translated to a unit net per diem cost is \$4.20 for a day of care.

NUTRITION DEPARTMENT - Mary E. Forbes, Dietitian

New Programs

There were many new programs started this year in an effort to improve the food service to the patients and employees at the hospital.

1. Our first real diet program got under way with the opening of the "D" diet kitchen. We were very fortunate to have Mrs. Shiver fill the position of assistant dietitian in this area. She has had ten years of diet experience at the Peter Bent Brigham Hospital and was graduated from Tuskegee with a B.S. in home economics. This diet program is well organized and their employees have been well trained.
2. This year the aide program was set up so that the dietitian spent an hour with each new aide group to give them a basic understanding of our hospital food service. Each session was divided into a half hour lecture and a half hour discussion period.
3. The supper meal was rescheduled an hour to an hour and a half later in all areas to shorten the long period between supper and breakfast. All dietary employees working this meal were re-scheduled to work until 6:45 P.M.
4. A very good program of physicals for food handlers was started this year and all full time employees received a complete physical.
5. After attending the management conference at Westboro I realized the supervisory personnel in the dietary department were badly in need of training. A training session for the assistant dietitians and head dining room attendants was started in April with two sessions a week during the month. At these sessions we

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discussed the role of the supervisor, how to be a good leader, sanitation, the training of personnel, personal hygiene, importance of good maintenance and safety. These training sessions have been followed up with weekly meetings of our supervisory group. We have also started a new system of checking equipment weekly and reporting repairs.

6. A new training program was set up for all dining room attendants in the East Cafeteria. The project was not started until May and is still on the ground floor. The continuation and improvement of the program is to be our big project for the coming year.

7. Other new items worth mentioning are - the salad table in the Employees' Cafeteria, daily refreshments for laundry workers (patients), night nourishment for B7 and B8, and a large increase in the number of patient outings that food was provided for.

New Equipment and Contractual

A new patty maker was placed in the West Kitchen.

A dish machine was installed in B3, thus eliminating the hand-washing in this area. Dishes in all patients' areas are now washed by machine. Considerable work was done on many of the machines to boost the new temperature to 180°.

The coffee urn in the Reception Cafeteria was replaced with a new one.

Another dining room in the West Patients' Cafeteria was furnished with new tables and aluminum chairs.

Reach-in refrigerators were placed in the L and S Cafeterias and the Reception Cafeteria.

The friolator room in the West Kitchen was completely done over. (This was necessary because fire destroyed the previous one in July, 1956)

The toilets and locker rooms in the West Patients' Cafeteria were completed.

General

The dietary department prepared and served approximately 3,285,000 meals to the patients and employees this year. Since our census was decreased, there have been many revisions of food issues. The monthly food service meetings were held on the second Tuesday of each month.

The night supper (10:00 o'clock) was discontinued because of the very few people taking advantage of it.

Three very thorough inspections were made of the food service areas. Two were made by Mr. Houde, State Food Coordinator, and one was made by Mr. Cloon, Senior Inspector for the Department of Public Health (at our request). All reports pointed out the serious problem of the type of patient handling food. Considerable time was spent through the food service meetings, staff meetings, and department head meetings discussing this situation. The only proper solution is to replace patient food handlers with paid employees so that we can afford to be more selective about the type of patient allowed to work with or around food.

Mr. Cloon worked with us on the corned beef problem. He checked our corning process and distribution, and found no trouble there. The final report was that the older people cannot assimilate the fat in their bodies. His recommendation is that we substitute another meat for these older people.

On the whole, considerable progress was made this year through the cooperation of all the dietary employees and the other departments.

LAUNDRY DEPARTMENT - Joseph W. Contaldo, Head Laundryman

Patients' Linen

Hammocks	379
Blankets, white	2147
" gray	38291
" strong	1047
Covers, mattress	90876
" screen	352
" tub	458
Mops	114
Pillow cases	198709
Rugs	258
Scarves, table	614
Sheets	929544
Spreads	37924
Towels, bath	214423
" barber	23066
" beauty parlor	23731
" dish	23699
" hand	34221
Miscellaneous	89941
Aprons, kitchen	3348
" laboratory	790
Bathrobes	72694
Bedgowns	270724
Blouses	3158
Caps, white	44
" dark	374
Coats, dark	2843
" white	896
Coveralls	1435
Dresses	133864
" , strong	47286
Gowns, laboratory	748
" O.R.	2946
Hoovers	2224
Overalls, blue	147
" white	1476
Shirts, outside	99624
Shorts	57524
Slacks	437
Slips	2957
Socks, bed (booties)	13220
" women's	4365
" men's	69252
Stockings, women's	97856
Sweaters	4934
Trousers, dark	70561
" white	1892
Union suits, men's	87132
" " women's	108204

Total 2,872,749

Employees' Linen

Aprons	8698
Belts	6784
Bibs	7995
Blouses	2471
Bed pads	2584
Bras	2147
Boys suits	345
Blankets	3795
Caps	3887
Coats	8054
Collars	5979
Cuffs	6907
Curtains	5034
Dish cloths	2036
Draperies	3114
Dresses	3839
Face cloths	7940
Hankies	15620
Laundry bags	9942
Napkins	6841
Nightgowns	3624
Overalls	2814
Housecoats	2762
Pot holders	2548
Pajamas	5208
Play suits	3093
Pillow cases	52961
Rugs	2781
Skirts	3297
Stockings	4218
Smocks	2295
Shorts	9946
Slips	4292
Socks	6305
Surg. shirts	2356
Sheets	68695
Scarves	8513
Spreads	19979
Shirts	48824
Table cloths	5885
Towels, hand	59808
" bath	64491
" dish	20282
T shirts	9984
Trousers	9691
Union suits	7148
Uniforms	45787
Under shirts	103077
Table mats	5421

Total

700,097

Dry Cleaning

Overcoats	3499
Women's coats	1997
Suit coats	1924
Pants	3087
Dresses	2875
Skirts	947
Sport shirts	1578
Sweaters	586
Ties	493
Vests	114
Ladies' suits	298

Total	17,398
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Patients' Linen	2,872,749
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Employees' Linen	700,097
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Dry Cleaning	<u>17,398</u>
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TOTAL	3,590,244
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SEWING ROOM

Genevieve Stella

Mending	22,670
Stamping	91,037
Stenciling	91,037
Yard Goods Cut	21,946 ¹ / ₂
Home Production	16,785

Aprons	635
Dish towels	308
Draperies	322
Coffee bags	219
Booties	1,582
Bed pads	140
Statue covers	34
Trousers, altered	219
Coats, altered	473
Tea bags	66
Sheets	3,520
Hoover dresses	64
Bathrobes	288
Table napkins	19
Flags repaired	7
Nightgowns	89
Curtains - made over	51
Strong dresses	969
Bath towels	5,032
Wash cloths	190
Bureau scarves	42
Shrouds	137
Diapers	398
Scuffs	255
Hand towels	844
Blankets labelled	429
Glove cases	36
Laboratory gowns	7
Saw covers	1
Laundry bags	406
Barber aprons	3

INDUSTRIAL DEPARTMENT
HOSPITAL EQUIPMENT REPAIR

John F. Moylan,
Head Industrial Therapist

NEW WORK

838	New mattresses
1004	New mattress ticks
374	New Pro-Tex-all mattress covers
65	New canvas mattress covers
495	New hair pillows
65	New feather pillows
565	New pillow ticks
436	New window shades
78	New cushions
8	New canvas Hydro Tub covers
2	New canvas Hydro Tub hammocks
15	New canvas laundry extractor covers
579	New laundry bags
1	New canvas cover for Dump Truck
48	New rubber aprons
46	New rubber draw sheets
6	New canvas dishwashing machine curtains
1	New canvas snowplow curtain
66	New drapes made and hung
1	New cover made for covering machine (7' x 30')
1	New pad for projector machine
6	New roller casters installed on beds
1	New arm sling
1	New pad for traction table
1	New cover for juke box
8	New roller casters installed on office chairs
1	New bag for treatment table
1	New seat cushion for office chair
303	New name plates installed on new beds
5	New chair harness for patients
4	New covers for statues
5	New canvas covers for Laundry Room trucks
1	New canvas dust bag
1	New shower curtain
2	New bedside screens covered
1	New rubber bumper installed on truck
1	New cover installed on chair seat
77	New laundry bags for new laundry bag holder
4	New sand bags
21	New No-Sag bed springs installed
1	New cover made for dictaphone

1	New cover made for typewriter
1	New canvas straps made for ambulance stretcher
2	New baseball bases
10	New transport record cases with zippers
2	New roller casters installed on beds
1	New drape installed with grommets
1	New cane seat installed on office chair
25	New Pro-Tex-all covered pillows
1	New pad for traction table
68	New inner cushion covers made
7	New chair seats recovered
2	New organ pedal straps made
2	New file boxes made
15	New traction straps
4	New pads for typewriter

RENOVATED & REPAIRED

36	Wooden casters removed from beds
158	Roller casters removed from beds
2	Bed pan racks repaired
670	Pr. half soles installed on shoes
1361	Pr. heels installed on shoes
952	Shoes stitched
510	Pr. heel pads installed on shoes
221	Pr. heel and toe plates installed on shoes
319	Pr. innersoles installed on shoes
243	Pr. heel counters installed on shoes
9	Wires strung for drapes
1	Door handle on cabinet repaired
2	Office chairs adjusted
1	Chair installed with roller casters
2	Arm chairs repaired
12	Chairs reupholstered
2	Awnings taken down
1	Door blacked out with felt
7	Awnings hung
4	Divans reupholstered
2	Roller chairs repaired
3	Venetian blinds repaired
1	Plumbers work bag repaired.
1	Chair seat cover made
4	Charts framed and hung
12	Hydro Tub covers repaired
20	No-Sag springs repaired
17	Cushions repaired
4	Bedside screens repaired
1	Handle made for porters truck
1	Window covered with shade cloth
8	Roller casters installed on steel chairs
270	Mattresses sterilized
36	Bags clothing sterilized
1	Walker repaired
1	Rug edges repaired

2 Floor brushes repaired
1 Steam table repaired
2 Cafeteria counter rails repaired
1 Gasket repaired on laundry chute
1 Picture framed
200 Beds tightened up
46 Chairs tightened up
6 Knobs installed on cabinets
1 Dishwashing machine repaired
9 Drape rods out to size
2 Roller casters installed on hamper
1 Desk repaired
1067 Beds repaired
593 Wood bed casters installed
9 Snowplow curtains repaired
11 Galch beds repaired
9 Laundry room trucks repaired
2 Kitchen room trucks repaired
5 Linen room trucks repaired
28 Cafeteria food trucks repaired
161 Steel chairs repaired
14 Bedside tables repaired
57 Bedside steel cabinets repaired
22 Wheel chairs repaired
15 Office chairs repaired
102 Window shades repaired
28 Window shade fixtures installed
1 Altar platform covered
72 Drapes hung
16 Metal handles repaired
4 Roller casters installed on table

HOUSEKEEPING DEPARTMENT

Helen Logue, Head Housekeeper

The biggest operation of the year was the setting up of the "D" Building. From June until October, the Porters and Housekeepers received, distributed, and assembled all the equipment and furnishings for this building.

The first patients moved into D-7 and D-8 in November, followed in February by D-1 and D-2, and finally D-5 and D-6 in April. Now that we have been operating with almost a full building for some time, we have found that the quota of personnel allotted us is insufficient for this type of unit (Medical and Surgical).

With the moving of these patients to "D" Building, five of the "H" Wards (H-1, 2, 4, 7, and 8) were left vacant for a period of time in order that they might be completely done over (scrubbing, painting, furniture refinishing, and necessary repairs).

The following new units were put into operation in the "H" Building this year:

"H" Mending Room: This unit was opened and is run by two seamstresses from the Sewing Room. We find it to be successful, cutting down on loss and extra transportation. All West Group mending is done here.

Clothing Room, "H" Building: This unit is also operated by a seamstress from the Sewing Room. Although it is not running

to our complete satisfaction, we do find some improvement. Patients are better dressed.

New O.T. Shop: This unit was formerly the operating room and we had it all done over for a new O.T. Shop.

Barber Shop and Toilets in "H": These units are not new but they were completely remodelled this year.

Some "B" Building patients have moved to the redecorated wards in "H" Building and we are in the process of preparing the empty units for redecoration before the next group of patients move in.

The following new equipment was received and distributed to the various units throughout the hospital:

- 10 Television sets
- 8 Refrigerators
- 70 New beds for Reception Building
- 70 Laundry hampers
- 70 Bedside cabinets for Reception
- 90 Overstuffed chairs

Clothing bins have been constructed for many wards in "O", "B" and Reception Buildings for the patients' clothing exchange.

3 Floor polishers

New curtains were made and hung in "H", "G", "L", B-2, and Reception 1.

New type of sheets were purchased for the various units. These sheets have different colored stripes for the various units and have made identification much easier.

30 pieces of furniture were sent to Norfolk for re-upholstering. These pieces were distributed to the lobbies of the Employees Buildings.

Some new office equipment was also received.

My biggest hope for the coming year is that the inequalities caused by the Barrington Report this past year will be corrected. The Housekeeper's and Assistant Housekeeper's positions are not properly described and are graded too low. The Supervisors have lost their supervisory standing by being placed in the same grade with all the housemaids.

Although this has been the busiest year I ever remember for the Housekeeping Department, it was well worth it to see the Medical and Surgical patients in more comfortable surroundings. The cooperation of the housekeeping employees enabled us to carry on the routine work in all other units without any neglect during this period. We are also appreciative of the cooperation we have received from all other departments.

BEAUTY SHOPS

One of the smaller departments of the Boston State Hospital is the Beauty Shops. There are four of these shops - two located on the East Side doing beauty work in eight buildings, two on the West Side that take care of six buildings. Each shop is operated by a licensed beautician. All patients regardless of age are allowed to have anything in the line of beauty culture free of charge. In the new Medical and Surgical Building we have the most modern shop with the latest equipment. In this shop patients are also trained to assist in beauty culture. The hairdressers from the East and West beauty shops have completed the following:

Shampoos	7665
Finger waves	7627
Hair cuts	7864
Female shaves	2606
Manicures	1394
Scalp treatments	326
Permanent waves	237
Facials	206
Marcel waves	5
Bornate treatments	107
Rinses	1360

STORES DEPARTMENT

Bernard Leonard, Storekeeper

Again we had a very busy year. Together with our regular work we handled the furnishings and equipment for the new Medical and Surgical Building. Due to all this, our vacation schedule could not be completed by June 30, 1957.

An audit of the Storehouse was made in April, and our stock was found to be in order.

The Storehouse was also inspected by Mr. Cloon of the Department of Public Health, and he made no complaints. With a little more equipment the sanitary condition of the Storehouse will be satisfactory for storing and handling food.

New floors, drains, and new elevator were installed. We also received thirty-six new aluminum meat cans for use in transportation of meat from Storehouse to Kitchen.

We did not fare well in the Barrington Report on salaries in spite of all the hard work, responsibility, and the large amount of money involved. It is difficult to see how this could happen.

Our deliveries were good, punctual, and our stocks were kept complete throughout the year.

GARAGE & GROUNDS DEPARTMENT

Eric L. McNab, Foreman

The hospital fleet of 19 vehicles travelled in the course of the year a total of 119,371 miles or almost five times around the world in performing the various duties involved in the operation of the hospital - transporting patients, delivering food and supplies, laundry service, social work, maintenance of buildings, grounds and utilities, police patrol and other administrative duties.

Miles Travelled

119,371

Gas Used

14,311 gals.

Oil Used

585 qts.

A new and larger dump truck with snow plow was procured and a new car for the Superintendent.

Under supervision of D.P.W. a large proportion of the hospital roads was rebuilt and resurfaced by outside contractor.

Groundsman assisted in removal and disposal of diseased Elm trees; sprayed for mosquito control and sleeping sickness epidemic - in addition to regular maintenance of lawns, shrubbery, trees and plantings.

MAINTENANCE DEPARTMENT

David W. Barrett, Maintenance Foreman

- 8,744 Panes of Glass have been installed.
- 1,784 Pos. Furniture Repaired.
- 3 New Outside Doors built and installed H and East Office.
- 3 Brick buildings for Garbage Storage Built at H, B, and Reception Building.
- 29 Doors Inside and Outside have been repaired or rebuilt.
- 6 Sash Repaired.
- 3 New Screen doors and frames made.
- 39 New Screens made.
- 78 Screens repaired.
- 24 Laundry trucks repaired or rebuilt
- Partitian built at Dentist Office Reception to make 2 for Doctors.
- 1 Exhibit Booth built for Dr. Parker for T.B. Convention.
- 14 Equipment and Filing Boxes, 4 Door Frames.
- 20 Bulletin Boards, 2 T.V. Stands, 13 Picture Frames, Painting has been done at Supt's House, Laboratory, Administration Bldg., West Employee's Home, East Employee's Home, IR Bldg., P Bldg., H Bldg., B Bldg., G Bldg., A Cafeteria, J, I, Rec., K & F Cottages, West Kitchen, Staff House, Storehouse, Cottage 4, East Cafeteria.

ENGINEERING DEPARTMENT

Michael J. Waldron, Jr., Chief Engineer

POWER PLANT WORK

The following work was done on Contractual Project M-707:

Finished the installation of new 42,000 pounds per hour steam boiler, finished installation of combustion control system and its operating panel, finished extending main flue between chimney and new boiler and rebricked furnaces and installed new front panels and oil burners on the four (4) existing boilers. Contract work performed by contractor, Michael Solimando of Boston, Mass.

These tubes were replaced in these boilers: Rows 1,2,3,4,16,17, 18,19, and 20 in boiler No. 2 by Daniel Russell Boiler Company of Dorchester, Mass. and Rows 16, 17, 18, 19, and 20 in boilers Nos. 3 & 4 by John Grundy, Hyde park, Mass. This work was done on a Repair and Renewal Project.

Note: This Repair and Renewal Project is part of a preventive maintenance program, the objective being to obtain a maximum of continuous boiler performance. The tubes replaced were originally installed in 1934.

The tubes in all boilers were cleaned by using a water driven tube cleaner. This cleaner removes scale from the interior of tubes.

The drums and combustion spaces of all boilers were cleaned and an annual inspection was made by Mass. Dept. of Public Safety and a certificate of approval was issued on them.

Installed an auxiliary steam line between fuel oil pumps and Boilers Nos. 2 & 4. This was done to enable fuel oil pumps to be operated direct from steam within boiler whenever circumstances direct.

Replaced steam nozzles and reversing chambers in turbine drives on Nos. 1 & 2 boiler feed pumps.

Replaced a leaky 12" cast iron valve on high pressure steam header with a 12" steel valve.

PLUMBING & STEAMFITTINGS

Installed water, waste, vent and steam pipes and connected same to new dishwasher at B 3.

Installed 140 feet of 1½ copper tubing underground between 6" water main in rear of Medical and Surgical Bldg., and water supply system in Chief Engineer's House.

Installed water and waste piping for ice cube making machine Diet Kitchen in Medical and Surgical Bldg.

Repaired a broken hydrant and installed a 6" valve between hydrant and underground water main in area North of building.

Replaced a worn 3 compartment stainless steel pan sink with a new one in basement of West Kitchen.

Lubricated and repacked steam expansion joints on new 12" and two 4" pipe lines between Power Plant and Medical & Surgical Bldg.

Replaced thermostatic traps on main steam drips in Chapel, A, H and Male Home with float and thermostatic traps.

Installed valves, piping, traps and vent pipes and connected them to 2 new dryers at Laundry. Also installed new piping, valves and traps for 2 new steam presses at Laundry. Reinstalled condensate pumps on heating returns at Male Home and Lab. These pumps were removed and sent to manufacturer for repairs.

ELECTRICAL WORK

Installed conduit, wiring and switches for two new dryers at Laundry.

Installed conduit, wiring and switches for dishwasher at B 3. Installed new conduit and wiring and connected same to lighting fixtures in basement at Storehouse. Also installed new main conduits and wiring at distribution panel at second floor in this building.

Installed new 12 circuit panel in G basement. This replaced one which was burned out during a basement fire.

Replaced some crossarms and insulators on 2,300 volt pole line at West side near A and J buildings.

OTHER WORK AND REPAIRS

Made weekly inspections of alarm systems on sprinkler valves.

Recharged all fire extinguishers.

Rewiring of A and I buildings being done by Suffolk Electric Company of Boston, Mass.

The heating ducts were cleaned of debris and access doors provided in same at 1 basement by Columbia Piping Corporation of Boston, Mass.

VOCATIONAL REHABILITATION SERVICE - Miss Hilma Unterberger,
Vocational Guidance Counselor

During the fiscal year 1956-1957, the Division of Vocational Rehabilitation, by an act of the State Legislature, became the Massachusetts Rehabilitation Commission. It is expected that this new organization will increase the rehabilitation services to the mentally and physically handicapped.

At the Boston State Hospital during this past fiscal year, 47 persons were referred to the Vocational Rehabilitation Counselor.

The services rendered include the following:

Evaluation	27	* 2 persons were referred but left the hospital before being seen, one transferred to a VA Hospital and one went out on a job.
Counselling	14	
Counselling and Training	2	
Counselling and Placement	<u>2</u>	
	45 *	

While this counselor considers the area of training as her special province, (as the Massachusetts Rehabilitation Commission is able to provide funds for this service,) she is also used by hospital personnel in other ways. Patients are referred either specifically to evaluate for training, or, in a more non-specific manner, to evaluate this person in relation to a vocational goal. An evaluation of either kind requires an assessment of the patient's mental status, of his work history, of his level of motivation, of his interests and abilities.

Unfortunately, very few patients have the motivation to enter in to a training program. Only two referred this fiscal year were placed in training, one in secretarial school and one in an accounting program. Six persons referred prior to July,

1956, continued in training during this fiscal year. Of these eight persons, three completed training and are working successfully. Four are still in training. One did not complete school but is working in the community.

The counselor placed two persons who needed special assistance in obtaining employment. One, a cerebral palsy victim, as well as a depression, was placed at the Morgan Memorial. The other, hospitalized since age 12, was placed in a Nurse's Aide position. Both persons are still in the hospital, but working well on these jobs.

Five persons were referred by the Briggs Clinic. Two were placed in training, two evaluated, and one continues in counselling. Of the two in training, both are working following their training period. Another Briggs patient, referred before July of 1956, has been assisted with an independent business operation, and he is now a successful poultry farmer.

COMMUNITY CHILD GUIDANCE CLINIC - Mr. Eli M. Levatinsky, Chairman

The Boston State Hospital through its Superintendent early in November expressed its interest in developing an extension of its Briggs Clinic Service in the form of a community Child Guidance Clinic to serve the children in this district. We envisioned a community clinic that would serve as a point for screening, evaluation and diagnosis of children in trouble. Such a clinic would serve as consultant to physicians, schools, social agencies, and parents, with normal children and with children who have adjustment problems. On November 15th, an organizational meeting was held with Mr. Arthur C. Hallock and Miss Winslow of his staff in the Division of Mental Hygiene, following telephone conversations with Dr. Warren T. Vaughan, Director of the Division of Mental Hygiene of the Department of Mental Health. The Department of Mental Health indicated that it would provide a team of professional workers to staff a clinic if the community could develop an organizational structure that could carry the administrative responsibility for the clinic, provide quarters, a secretary, and office expense.

Following this preliminary organizational meeting, letters were sent to a few leaders in the community and on December 12th the first meeting of the group was held. Meetings were also held on January 16th, and at January 30th's meeting, the group elected officers consisting of:

Mr. Eli M. Levatinsky, Chairman
Mr. Anthony J. Farrin, Vice Chairman
Miss Louise Chambers, Treasurer
Mrs. Dolores Leggett, Secretary.

They outlined the districts to be served as Dorchester, Hyde Park, West Roxbury and Roslindale by wards 14, 15, 16, 17, 18 and 19. They tentatively adopted the name of the Forest Hills Community Child Guidance Clinic Association and secured permission from Dr. William Healy to use his name in the Child Guidance Clinic ultimately to be formed. Lists were prepared of all of the organizations, social agencies, schools and churches in the area outlined, and they were invited to send individual representatives to future meetings. Meetings were also held on February 13th, 26th, March 25th, May 14th and June 4th. During this time, the need for establishing a Child Guidance Clinic was concluded. It was decided that the need was not for another clinic for treatment of disturbed children, but rather a resource that would utilize existing community agencies for maximal service to children.

The association was fortunate in having Miss Lois Waldman of Station WCOP, (Traffic Manager) help in the publicity.

It is hoped that further meetings in the coming year will establish a sound base of operation, that there will emerge from the group of organizations represented, sufficient leadership upon which to base a supervisory organization. Membership in the new association is being solicited and later a drive will be made to secure the necessary funds, pay for quarters, a secretary and office expense. We hope that this will culminate by July, 1958, in the establishment of a full professional team under the administration of the Child Guidance Clinic Association.

FIRES

There were 18 fires during the fiscal year 1957.

<u>Date</u>	<u>Damage</u>		
1. June 11, 1956	\$10.	Reception 5	Blanket Mattress
Patient set fire to blanket and mattress.			
2. June 17, 1956	\$25.	I Building	Clothing Bedding
Patient stuffed clothing, bedding and ignited newspaper down ventilator.			
3. July 1956	\$2,300.	Frying Room West Cafeteria	Fryolator Machine
Inexperienced employee left out one step of operating procedure causing fat to come in contact with overheated pipes and exploded. Tile, plaster, windows and frames, ventilator fan, electric wiring were also damaged.			
4. August 29, 1956	None	Stairway A2	
Patient threw cigarette into accumulated trash.			
5. September 12, 1956	\$1.	G Building	Sheet
Patient set fire to sheet.			
6. October 2, 1956	\$1.	H Building	Bathrobe
The cause of fire was undetermined.			
7. October 10, 1956	\$5.	H Building	Sheets Pillow case Coverall
The cause of fire was undertermined.			
8. October 12, 1956	\$50.	I Building	Shirts, Trousers Wooden shelf
The cause of fire was undstermined. Sprinkler heads were set off, putting out the fire, but causing damage from the water.			

- | | | | | |
|-----|--|---------|--------------------------|----------------------------------|
| 9. | December 1956 | \$15. | H Building | 15 sheets |
| | Careless disposal of a cigarette. | | | |
| 10. | February 22, 1957 | \$1000. | G Building | |
| | The cause of fire was undetermined. The fire started on the top of a cafeteria table that was standing against the wall under the fuse box. Complete destruction to fuse box, table and door. Tile, plaster and ten sheets were damaged. | | | |
| 11. | February 22, 1957 | \$20. | G Building | Sheets |
| | Careless disposal of a cigarette was responsible for damage. | | | |
| 12. | March 13, 1957 | None | G Building | Undershirt |
| | Patient flipped a cigarette which landed on an undershirt. | | | |
| 13. | March 13, 1957 | \$100. | I Building | New sofa
Walls and
Ceiling |
| | The cause of fire was undetermined | | | |
| 14. | April 13, 1957 | \$1.50 | Reception | Hot plate |
| | Hot plate short circuited. | | | |
| 15. | May 9, 1957 | None | Outside of
C Building | Junk lumber |
| | Careless disposal of a cigarette. | | | |
| 16. | May 20, 1957 | \$25. | A Building | Mattress |
| | Careless disposal of a cigarette by a patient. | | | |
| 17. | May 23, 1957 | \$5. | A Building | 2 sheets
Quilt |
| | Careless disposal of a cigarette. | | | |
| 18. | May 29, 1957 | None | K Cottage | Spread |
| | Lighted pipe tobacco fell on a spread. | | | |

CHAPLAINS' DEPARTMENT

CATHOLIC CHAPLAINS - Rev. John P. Lawler
Rev. Thomas J. McCabe

No. of Catholic Patients Admitted	927
No. of Deaths of Catholic Patients	181
No. of Patients Receiving Last Rites.....	419
No. of Confessions Heard (Approx.)	6,000
No. of Holy Communions Distributed (Approx.)...	7,000

I - RELIGIOUS SERVICES:

Continued efforts were made in the past year to convert the East Auditorium into a more Church-like and devotional Chapel for the Religious Services conducted there on Sundays, Holy Days of Obligation, First Fridays, Days of Novenas, etc. A new six foot statue of the Sacred Heart of Jesus was added to the sanctuary. With the other recently donated statues, three in number, there is a balanced and attractive aspect to the Sanctuary. The additions of new purple and green antependia together with the recently painted Stations of the Cross give a decided liturgical look to the Auditorium.

On every Sunday, Holy Days of Obligation, and on the First Fridays of each month two Masses were celebrated. Mass. was celebrated for the Employees and student nurses in the West Chapel at 6:15 A.M. Mass for the Patients was celebrated in the East Chapel at 8:30 A.M. During the past year the

Patients' Mass has been very well attended. On Sundays and Holy Days of Obligation there are about 400 Patients in attendance. Very often At Masses on week-days during Lent and Advent the attendance exceeds 200 which is very encouraging to the Chaplains.

Every Friday morning Confessions were heard on the East Side and every Saturday throughout the day Confessions were heard on the West Side. All patients adjudged to be capable were given the opportunity to receive Holy Communion at their Mass on Sunday. Patients found it easy to prepare for their confessions with these regular scheduled times. Whenever patients request the Chaplain to hear their confessions during the week to ease their conscience, the priest is always available. Many such requests are granted during the week. Confessions are also heard before the First Fridays, and Holy Days of Obligation. During the seasons of Lent and Advent every Catholic patient in the hospital is given the opportunity to go to confession.

During the holy seasons of Lent and Advent of the past year, Masses were celebrated with the permission of His Excellency, Archbishop Cushing, in Buildings A-B-D-G-H-I- and Q. A newly constructed Portable Altar was used for the first time for there Masses on the Wards. Permission was obtained twice during the year for the spiritual health and welfare of patients who are not able to come to the Chapel on Sunday. In the aforementioned Buildings many of the Patients are disturbed, senile, physically weak, or afflicted with tuberculosis. Once a month on First Friday, Holy Communion is given to the T.B. patients and to patients on the surgical wards.

Other religious services which Catholic parishoners have long cherished and loved were included in the spiritual care of the patients during the past twelve months, viz.: Novena of Grace in honor of St. Francis Xavier, consisting of daily Mass, sermon, blessing with first-class relic; Blessing of Throats on Feast of St. Blase on the many wards of the Hospital; Distribution of Ashes on Ash Wednesday; Conducting of the Stations of the Cross on Fridays during Lent and Distribution of Palms on Palm Sunday. Medals, rosaries, pamphlets, prayer books, missals and other religious articles are given generously and gladly daily to the Patients. In the Patients Chapel during May and June we have a Marian and Sacred Heart Shrine.

The Catholic Chaplains make every effort to bring the Sacraments to all Patients capable of receiving them. A daily visit is made to the Infirmary Wards and the Last Rites of the Church are administered to the Patients who are in need. At any time day or night the Catholic Chaplain is always available for spiritual ministrations to the Patients. During the past year 419 Patients received the Last Rites. Burial Services with a Requiem High Mass were conducted for Patients who died without relatives.

II
II CONSULTATION WITH PATIENTS:

The Catholic Chaplains make every effort to visit each new Catholic Patient who is admitted to the hospital. During the past twelve month period 927 Catholic Patients were admitted. In a recent Census of the religious affiliation of Patients here at Boston State Hospital the figures showed that about 2000 of the approximate 3000 Patients were of the Catholic Faith. In respect to the

new Patient, the Chaplain interviews, listens and counsels. He offers his assistance to the patient. He explains the nature and purpose of the hospital. The Catholic Chaplain places the accent on confidence and hope in the care and treatment the Patient will receive. He attempts to create and engender within the Patient a trust and faith in the doctor. He acts in some cases as a liaison between the newly-admitted patient and his or her relatives. While the patient remains in the hospital the Chaplain visits him or her as often as he can. The Chaplain is present on the hospital grounds throughout the day and is always, day or night, available to the patients and staff. Frequently discharged patients return to see the Chaplain for consultation and advice.

III CONSULTATION WITH RELATIVES---WITH EMPLOYEES:

The work of the Catholic Chaplains is not restricted merely to the patients but also includes contact with the relatives of the patients. They are present on the hospital grounds during visiting hours in order to give relatives an opportunity for information and discussion. The relatives feel free to telephone the chaplain at the rectory or to call upon him personally. It has been a great source of comfort and consolation to the relatives to be informed about the high rating of the hospital, the specialists on the staff and the outstanding care and treatment of the patients.

At the Boston State Hospital there are hundreds of employees, the majority of whom are Catholic in religion. On many and frequent occasions the employees, be they attendants or secretaries, porters

or nurses, bring their individual problems to the Chaplain for enlightenment and advice.

IV EDUCATIONAL PROGRAM:

The Chaplains take part in the educational program of the hospital. Upon the arrival of the new class of student nurses an opportunity is given to the chaplains to clarify and to underline their role in the nursing service to the mentally ill. The necessary attributes of a nurse in a mental hospital are accentuated. On several occasions the chaplains spoke at Communion Breakfast, informing the groups of the nature and purpose of the Boston State Hospital, the progress in the science of Psychiatry, and the need for education about mental illness.

One of the highlights in this program of education has been the visitation of the Deacon Class and other seminarians from St. John's Seminary on a weekly basis every Thursday. Lectures and seminars conducted by Dr. Mackenzie, Assistant Superintendent of the Hospital, have provided the seminarions with knowledge and a new evaluation of Mental Illness. The patients enjoy their visits on the wards.

V COMMUNITY CONTACTS:

For the past year continued interest and activity on the part of the Chaplains have been directed towards sponsoring groups to visit the hospital. On a regular monthly basis, the following groups have visited the hospital; Marian Visitors of St. Joseph's, Hyde Park and Marian Visitors of St. Angela's, Mattapan.

St. Andrew's Holy Name Society and Men's Club had representatives present on a monthly basis. Beside their visits the aforementioned groups donated clothing, magazines, religious articles and refreshments. They have been assigned a regular area of the hospital and have become well acquainted with many of the patients.

Many other Volunteer Groups visit the Patients on a periodic basis, groups from Emmanuel College, Catholic Guild for the Blind, St. Joseph's CYO Minstrel Show Cast.

From all indications, the Catholic Chaplains' role at the hospital is well established and clearly defined. We are sincerely grateful to the Superintendent of the Hospital, Dr. Barton, the Hospital Staff and the entire Personnel for their wonderful cooperation and mutual assistance, with the one object in view, the comfort and recovery of the patients. It has made our work pleasant and enabled us to be more effective in carrying out our duties and obligations to the patients of the Boston State Hospital

PROTESTANT SERVICES

Rev. Judson D. Howard, Chaplain

The most significant change in the Protestant Chaplaincy Program has been the increase of students and their training. Under the Department of Psychology of Religion at the Theological School of Boston University, Professor Paul E. Johnson as Head of the Department, a new course was added on Friday in Pastoral Counseling last fall with a total of 42 students in attendance for the first semester, one course on Monday and one on Friday, 44 during the second semester. This summer the institute of Pastoral Care Program was also sponsored by the School of Theology at Boston University and the attendance was increased to 23 students. In addition to the Protestant Chaplain, Professor Paul E. Johnson, The Reverend Maurice Flint (Chaplain, Peter Bent Brigham Hospital), The Reverend Kenneth Reed (Chaplain, Tewksbury State Hospital), and The Reverend Skillman Myers (Chaplain Medfield State Hospital) assisted in the training program. We are very grateful for the help of the personnel of the Hospital particularly to Dr. John MacKenzie and the Seniors of the East and West Services, Dr. Wilson and Dr. White, the Seniors of the Reception Service, Dr. Blau, Dr. Porter and of the Geriatric Service, Dr. Hyde, as well as Dr. Limentani, and Dr. Wills.

The effect of the increase of student training has been that more Protestant patients have been receiving personal attention, there being far more student interviews. In some cases the student chaplain has followed a patient as he returned to the community, attempting to work with the family of the patient. This is still somewhat new and yet seems to be a

very interesting and valuable contribution to the patient's reintegration into the community. An indirect consequence of the larger student program has been the developing of a training staff and in part some research may develop out of this staff approach.

There has been considerable participation by the Protestant Chaplain professional activities this year. He served as President of the Massachusetts Protestant Chaplains Association, Vice-President of the Association of Mental Hospital Chaplains, member of the National Advisory Committee on Clinical Pastoral Training. This has involved two trips to Chicago, to New York and various other meetings. He also served on the Pastoral Services Committee of the Boston Council of Churches.

The regular Sunday morning Services made possible by the students having patient groups. Also this summer the morning prayer at chapel in B Building was attended by patients from that ward. It would appear that the new admissions is a heavy part of the Chaplaincy Program, there being somewhere around 450 Protestants admitted to the Hospital in the last year. There is need for more assistants to assist in the training program and to increase religious ministrations to our patients. This will be attempted within the present limited budget. The Diocese of Massachusetts (Episcopal) has appointed July 1, 1957, The Reverend Bruce Noyes as the Episcopal Chaplain to the Hospital. We welcome this increase and hope that there may be other volunteer contributions by the religious agencies within the community.

<u>Services</u>	<u>Chaplains</u>	<u>Ass't Chaplains</u>	<u>Students</u>
Sundays	100-3910	4-240	
Communion	294		
Holy days	6-249		
Communion	72		
Ward services - Holy Week	13-204		
Communion	163		
Ward services	5-113		
Hymn Singing - Ward services	83-1482	12-185	
Funerals	5-95		
Morning Prayer	8-156	8-160	36-600
Carol Singing	16-656		
Other Religious Groups - Choir,	29-360	10-60	10-97
Religious Discussion, etc.			
Totals:	Services - 345	Attendance - 8623	Communion - 412

Pastoral:

New Admissions	247	150	
Discharged before seen	33	10	
Danger List Calls	82	2	
Patient Interviews	73	124	1534
Patient Contacts	1742	152	912
Personnel Contacts and Interviews	861		
Clergy, Contacts and Interviews	26	10	15
Relatives	10	5	20
Volunteers and Visitors	40		

Teaching:

Seminars for student	210	120	
Student Interviews	130	122	
Pastoral Care Staff	11		
Hospital Talks	6-106		
Talks outside hospital	6-180		

Hospital Activities:

Conferences	13		
Staff	13		
Staff Presentation	1		
Socials	4		
Patient Activities	6-580		

Professional Meetings:

25

JEWISH SERVICES

Rabbi Abraham Koolyk

The Jewish Chaplain serves, approximately three hundred Jewish patients at the Hospital. These are divided among all the wards and buildings of the institution. Some of the Jewish patients feel that their Jewishness singles them out from the other patients - often as targets of discrimination by other patients or personnel. Indeed the Jewish patients do constitute not only a religious group but also a distinct socio-cultural group. In the main, However, the Jewish patients at the Hospital are concerned with the very same things as the other patients and generally constitute a cross section of the entire hospital population.

The work of the Chaplain is not clearly delimited and is often found ranging far afield, from the highly spiritual to the very mundane. By no means is it confined to the purely religious in the accepted sense of the term but in a broad sense touches upon every phase of the patient's life. It is mainly expressed in these several areas; Religious Services and special events, individual counselling, contacts with the family, and community relations.

A. RELIGIOUS WORSHIP SERVICES:

An abbreviated pre-Sabbath Service is conducted every afternoon at 1:00 P.M. at the Reception Building Auditorium or, weather permitting, outdoors on its lawn. Most of the patients

are transported by the Hospital bus. Approximately 75 patients attend these Services; the number largely depending on the cooperation of the Hospital personnel of the several wards. The Services consist of Hebrew and English prayers, Hymns, explanations of Scripture and a brief sermon. Whenever possible patients are invited to lead parts of the Service and the general participation in the reading of Prayers and the singing of Hymns is encouraged. After the Services refreshments in honor of the Sabbath Day are served by volunteer groups, most often by committees of the Community Friends of the Boston State Hospital.

2. HOLIDAY SERVICES:

Holiday Services are conducted before every Jewish Festival. The attendance at these Services is somewhat higher than usual, though when possible patients are encouraged to leave the Hospital and join their family at home for the Holiday. To highlight the Holidays visiting Cantors and at one occasion a choir led the Prayers,. Also, the particular Holiday foods were served by volunteers. When Holiday Services fell on visiting days, visitors were invited to join with their patients at these Services. Before the Holidays, too, permission to attend neighborhood Synagogues was obtained for several patients.

3- SPECIAL EVENTS:

On December 5th there was a Chanukah Celebration and on March 21st. a Purim Celebration. These minor Jewish Festivals were celebrated with fine social events including music, dancing, refreshments, etc.

The main Holiday event of the year was the Passover Feast held on April 18th. in the West Cafeteria. Over 150 people attended this Kosher catered Seder (Feast) including a number of invited guests. The ritual was conducted by the Chaplain assisted by a Cantor.

There were also two picnics during the year, one in July and one in August. At each occasion over thirty patients were taken for the day to the Charles River Esplanade.

B. CONTACTS WITH PATIENTS

The major part of the Chaplain's work is in his contact with individual patients, in his visits to the wards, on chance meetings on the grounds or by appointment at his office in H. Building. Particular emphasis is placed upon meeting the newly admitted patients. These are usually quite distressed by their new surroundings and the Chaplain represents a trusted and reassuring figure in the hospital setting. He often also serves as a contact with the family and with the outside community. The Chaplain also has the opportunity to assure them of the purpose and reason of their hospitalization. The Chaplain was also informed of patients placed on Danger List or of those who have expired. On three occasions, when there were no relatives, the Chaplain proceeded to make the necessary arrangement for a charity burial in accordance with Jewish Religious Law.

The task of visiting all the various wards in the Hospital is a very difficult one for a part-time Chaplain and thus emphasis was placed on visiting those Wards where the patients could profit the most.

C. COMMUNITY CONTACTS:

Families often found it convenient to contact the Chaplain in regard to their patients. The Chaplain was able to assure the concerned relatives concerning the hospitalization and the necessary hospital routine. It has also become known that the Chaplain functions in the Hospital and a number of people in the community have turned to him for guidance in problems of mental illness.

The Chaplain has encouraged the further growth and development of the volunteer organization The Community Friends of the Boston State Hospital, an organization now of 500 women. This group has not only contributed directly to the needs of the patients and the Hospital but also through its membership has brought the story of the Hospital and mental illness to the many Jewish organizations in the community and to the community at large. The Chaplain has also had the opportunity during the year to address several meetings of Organizations on the subject of his work.

WOMEN'S AUXILIARY

Marion M. Parker, President

The year 1956-1957 has been both a good one and a bad one for the Women's Auxiliary. All of the traditional activities were carried on and some new ones were added. Due to the inefficiency of the treasurer and the absence of many of the records, this report will of necessity be brief and incomplete. During the year the Auxiliary engaged in the following projects.

1. In October it was voted to give \$100.00 to the patients in Family Care for spending money. The Social Service Department did not want the responsibility of the money at that time and has not yet called for it.
2. A Ping Pong Set, 12 decks of playing cards, and 6 large Jig-saw puzzles were bought for Reception 2.
3. Laundry equipment for five wards was bought and distributed by the Nursing Office. This equipment consisted of 5 electric irons, 5 ironing boards and pads, and 5 drying racks.
4. The Gift Cart did not operate successfully during the year. The two ladies who were in charge of it were very active in the American Legion Auxiliary and monthly entertainments which the Legion gave at G Building during the fall and winter seemed to coincide, and conflict, with the Gift Cart. We feel that there must be a change made in the operation of the Cart if it is to continue.

5. Members of the Auxiliary served as guides at the Open House at D Building on Sunday afternoon, November 25. Coffee and doughnuts were sold and a profit of \$6.16 was made.
6. Approximately \$189.00 was spent on the Christmas Party for 150 patients in R Building and Christmas gifts to Family Care patients. This expense was met by contributions from members and friends of the Auxiliary.
7. The ninth annual Easter Hat and Style Show was held on Thursday, April 18. Seventeen models were trained by Mrs. Hazel Mullet and Miss Anita Bowling. Under the capable chairmanship of Mrs. Alex Hyde, the show was one of the most successful ever held.
8. The money making project for the year was a benefit movie, THE LAST HOLIDAY, at the Milton Art Theater on May 1. Mrs. John Arsenian and Mrs. Emile Fredey were Co-chairman. The door prize, a silver bowl, was donated by Mrs. A. J. A. Campbell. Coffee and cookies were served by a committee headed by Mrs. David Blau and Miss Mary Forbes. The net profit was \$95.92.

Other money was received from membership dues and donations at Christmas.

COMMUNITY FRIENDS OF BOSTON STATE HOSPITAL - Mrs. Gladys Plovnick,
President

The Community Friends of the Boston State Hospital have completed five years of volunteer service at the hospital. They were organized to give comfort and show friendliness toward the patients. It is hoped that the objectives have been accomplished in some part. Every Friday during the past year, services have been conducted under the leadership of Rabbi Abraham Koolyk. The services are always followed by a luncheon served by different members of the organization who act as hostesses each week. Also, each Friday, the Ward Committee goes into a different building with at least 200 bags of sweets and cigarettes. Each holiday is observed by a special party usually held in the evening at the Reception Auditorium or West Cafeteria. Music, entertainment and refreshments are always part of each event.

Last March, cotton dresses were collected for the patients in the P Building. A Television Room was furnished for the male patients in the I Building.

In July and in August, an outing was held for the patients at the Explanade with a boat ride on the Charles River. Clothing drives are carried on the year round.

The Community Friends express their thanks to Walter E. Barton, M. D., Mr. Paul Mavrides, the physicians and the nurses, the attendants and all other employees for being so cooperative. All doors are opened, which gives an incentive to try to do more next year.

BOSTON STATE HOSPITAL
DISTINGUISHED VISITORS

<u>DATE</u>	<u>NAME</u>	<u>RESIDENCE</u>
<u>1956</u>		
July 18	Mr. John L. Gallant (Bldg. Commission) Mr. Gerald W. Blakeley "	Brookline, Mass. Belmont, Mass.
Aug. 30	K.R.J. Lalkalau, M.D.	Bombay, India
Sept. 11	Paul B. Lau, M.D.	Quebec, Canada
Oct. 30	Rep. Corneluis Desmond, Jr. Rep. Ernest A. Johnson Rep. D. Joseph Burke	Lowell, Mass. Worcester, Mass. Belmont, Mass.
<u>1957</u>		
Jan. 2	Thomas A. Munro, M.D.	Royal Mental Hospital, Edinburgh, Scotland
7	Lawrence K. Kolb, M.D., Director	New York Psychiatric Institute, New York City
7	David Shacow, M.D.	National Institute Mental Health, Bethesda, Maryland
7	F. Alexander, M.D.	Chicago Psychiatric Hospital, Chicago, Ill.
8	Daniel Madison, M.D.	Division of Mental Hygiene, New South Wales, Australia
23	Aznor Petry, M.D.	Mandsley Hospital, London, England
23	Dr. Warren McCollum	Mass. Institute of Technology, Cambridge, Mass
Feb. 7	John Cawte, M.D.	The University, Adelaide, Australia
May 1	Mr. George T. Rushton (Bldg. Commission) Mr. Hall Nichols " " Mr. John L. Gallant " " Mr. Gerald W. Blakeley " " Mr. Phillip A. Dick (Dept. Mental Health)	Westwood, Mass. Wellesley, Mass. Brookline, Mass. Belmont, Mass. Nahant, Mass.
20	Charlotte Yashe, R.N.) Benwod Ebbe Lepine) Camille Laurin, M.D.)	Institute, Albert Prevost M.D. Montreal, Canada
June 5	Kimoshi Makita, M.D.	Dept. of Neuropsychiatry Kevi University, Tokyo, Japan
26	Kenneth Caven, M.D.	State Hospital Salem, Oregon
July 1	Julio Endara, M.D. (Prof. of Psychiatry)	Medical School Quito, Ecuador

BOSTON STATE HOSPITAL

Valuation

June 30, 1957

Real Estate - Land 210.61 acres
Buildings and Betterments

\$2,588,050.00
5,832,360.13
<hr/>
\$8,420,410.13

FINANCIAL REPORT

1

DOROTHY HAZARD HOSPITAL

(Name of Institution)

19 57

To the Department of Mental Health:

I respectfully submit the following report of the finances of this institution for the fiscal year ending June 30, 19 57.....

STATEMENT OF EARNINGS

Board of Patients:—

\$ 253,696.09

Private.....

Cities and Towns.....

Collections by D.H.H.

32,219.89

Briggs Clinic Fees.....

2,513.10

\$ 288,429.38

Personal Services:—

Labor of Employees.....

Reimbursements from Board of Retirement.....

Sales and Rents:—

Food.....

\$ 166.77

Clothing and Materials.....

Housekeeping Supplies.....

Laboratory and Medical.....

Heat and other Plant Operations.....

Farm and Grounds.....

10.00

Automotive.....

Advertising and Printing.....

Repairs.....

Special Supplies.....

Office and Administrative.....

Equipment.....

Special Outlay.....

Junk.....

390.13

Meals - Employees.....

15,248.30

Rents - Employees.....

36,283.33

Rents - Other.....

1911.06

Total Rents.....

Total Sales and Rents

\$ 54,312.89

Miscellaneous:—

Interest on bank balances.....

1.00

Refunds Previous Years.....

1,503.87

Witness Fees.....

1,673.87

Drug Survey.....

29.50

Court Fees.....

50.00

Payroll Checks.....

10.00

Total Miscellaneous

120.00

\$ 3,391.01

Total Cash receipts reverting and transferred to the State Treasurer.....

\$ 346,196.31

Total Earnings for year (page 9, Inst. Income).....

Accounts Receivable outstanding July 1, 19 56.....

725.10

Accounts Receivable outstanding June 30, 19 57.....

26.57

Accounts Receivable increased.....

\$ 698.53

(If decreased, show in red ink)

MAINTENANCE APPROPRIATION

Appropriation, current year 1957

\$ 1,566,807.62

Total

\$ 1,566,807.62

EXPENDITURES AS FOLLOWS:

01. Salaries, Permanent

\$ 3,087,500.50

02. Salaries, Other

87,428.04

03. Services — Non-employees

78,420.00

04. Food For Persons

71,183.38

05. Clothing

71,999.78

06. Housekeeping Supplies and Expenses

65,998.73

07. Laboratory, Medical, and General Care

102,124.73

08. Heat and Other Plant Operation

300,300.00

09. Farm and Grounds

4,839.71

10. Travel and Automotive Expenses

5,000.00

11. Advertising and Printing

1,110.00

12. Repairs, Alterations and Additions

98,391.43

13. Special Supplies and Expenses

1,080.34

14. Office and Administrative Expenses

15,887.85

15. Equipment

31,580.42

16. Rentals

285.10

18. Special Outlay

Total Maintenance Expenditures

\$ 1,525,311.51

Balance of Maintenance Appropriation, June 30, 1957

42,496.11

\$ 1,566,807.62

\$

APPROPRIATION	Act or Resolve	Total Amount Appropriated	Expended during fiscal year	Total Expended to date	Balance at end of year

PER CAPITA

During the year the average number of patients has been

29.33

Total cost of maintenance

\$ 1,525,130.51

Equal to a weekly per capita cost of (52 weeks to year)

\$ 29.57

Total receipts for the year

\$ 246,196.51

Equal to a weekly per capita of

\$ 2.27

Total net cost of Maintenance for year
(Total Maintenance less total receipts)

\$ 1,178,912.20

Net weekly per capita

\$ 27.10

Respectfully submitted,

Dorothea Preston
 Asst. Treasurer

Copy

Financial Statement Verified
Under Requirement of C. 7, § 19B
Date October 5, 1957

By J. T. Ailhea AS
For the Comptroller
Approved for Publishing
/ Fred A. Moncevic
Comptroller

DP/CW

VHC SC 11 ON-WH 21

SECRET